Pace Funeral Director N.Y. City
Monument 2-4840

MArket 3-4267
MArket 3-4330

JAMES E. CHURCHMAN, INC.
SOE HIGH STREET
NEWARK, N. J.

April 15, 1935

To Miss Jennie Hargrove
124 Prince Street
Newark, New Jersey

For the Funeral expenses of the late Mrs. Anna Hargrove, who died April 5, 1935.

Complete services to all details, including 6f'2 silver grey embossed plush hinged panel casket, with extension handles; pine painted grey outside enclosure, with thumb screws; Funeral coach and one seven passenger car.

| | |
|---|---|
| Complete Funeral | $265.00 |
| Cash advanced for grave in Evergreen Cemetery | 39.00 |
| Lowering device | 5.00 |
| 2 Telegrams to Louisville, Alabama | 1.80 |
| 1 Telegram " Clayton, Alabama | .91 |
| 1 Transcript of death | .80 |
| Dress | 17.00 |
| Underwear | 3.50 |
| Gloves | 1.50 |
| Stockings | 1.39 |
| Floral Designs with Dove and Corsage | 11.50 |
| 3 Extra Cars | 30.00 |
| Complete Total | $388.00 |

Duplicate Bill sent to Mrs. Corprew.

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|---|---|---|---|
| Helen Coleman | pg 17 | Herman Deas | Page 26 |
| ...; Collins | 28 | Droughn; Helen | 23 |
| ...rskey; Edna | 62 | Davis; Allen | 60 |
| ...nover; Mary Burke | 70 | Dickson; Hattie | 63 |
| ...room; Willie | 113 | David; Richard, D | 64 |
| ...nelious; Hattie | 165 | DeCuir; Denis | 82 |
| ...ristmas; Harry J. | 165 | Dolk; George T. | 92 |
| ...ook; Sarah E | 167 | Davis; Alfred J. | 104 |
| ...k; Stovall | 171 | Davis; Clarence | 45 |
| ...mpbell; Bertha Mary | 200 | Daniels; Robert | 198 |
| ...nello; Philipe (Child) | 213 | Daigan; Emma | 175 |
| ...erry; Arthur E | 221 | Dabney Kate | 181 |
| ...addock; Buford | 224 | Dixon; Norman | 198 |
| ...aser; Jack | 227 | Daniels; Jesse | 214 |
| ...llis; Justin | 267 | Dixon; Julia (Infant) | 226 |
| | | Dixon; Elijah W. | 243 |
| | | Dudley; Emma | 271 |

Ech[illegible]
Eth[illegible]
Ed[illegible]
Elo[illegible]

| | |
|---|---|
| ...ivens; Ellen, Mrs. | Page 26 |
| Green; Joseph, Mr. | 30 |
| Demarby; Mrs | 56 |
| Grimm; Louise | 65 |
| Janaway; Sophronia | 77 |
| Glenn; Burnice | 107 |
| Green-Bey; Charles | 122 |
| Gaddy; Ender & Infant | 42 |
| Griffin, Lottie | 38 |
| Green; Saddie | 157 |
| Gibbons; Henry | 204 |
| Goode; Laura | 209 |
| ...ordon; James | 239 |
| ...rant, Irma | 250 |

| | |
|---|---|
| Maria Hughes pg | 2 |
| Anna Hargrove pg. | 7 |
| Gretta Hawkins pg. | 12 |
| Bennie Hargrove pg | 18 |
| Henley, Francis | 54 |
| Hawkins; James | 71 |
| Hudson, Lucretia | 75 |
| Holsey; Adam | 83 |
| Harrel Elizah J. | 109 |
| Harrell, Sanford | 110 |
| Hopkins; William | 112 |
| Hamilton, Maude | 145 |
| Humprey; Viola | 147 |
| Hand, William | 148 |
| Hamilton, William A | 157 |
| Henderson, Stillborn | 173 |
| Hopkins; Geneiva | 174 |
| Holmes; Ida | 203 |
| Henry Nathlie | 222 |
| Harding; Millie | 241 |
| Harris, Ella | 256 |
| Hamilton; Minnie | 266 |

[illegible]
[illegible]

| | | | |
|---|---|---|---|
| Hilbert Neal | pg. 6 | [illegible] | 171 |
| Neal Gussie | " 185 | | |
| Newkirk Lula | 171 | | |
| Napier | 257 | | |

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Tue[illegible]
Tet[illegible]
Thom[illegible]
Thom[illegible]
Sam[illegible]

| | |
|---|---|
| Dorthy Tabler pg | 10 |
| Jemmina | 53 |
| Thomas; Elizabeth | 59 |
| Thomas; Milledge | 84 |
| Thomas; Mary E. | 85 |
| Turner; Francis | 96 |
| Tatum; Sherred | 97 |
| Tolson; Theora (McCoy) | 115 |
| Tillman; Suddie | 118 |
| ...pson; Anna Bell | 119 |
| Thompson; Melvina | 132 |
| ...rimson, Mattie | 158 |
| ...rner, Anna | 160 |
| ...mis, Infant Jerry Jr. | 163 |
| Thurston Lillian | 182 |
| Thompson Bertha | 183 |
| ...nage; Ernest | 231 |
| ...te; Mary | 238 |
| ...omas; Hannah | 248 |
| ...nton; Lee Thomas | 249 |
| ...nedge; Rebecca | 270 |

Young, Pierce

Religion of the Deceased Protestant

Resided in the State

Place of Death City Hospital

Cause of Death Chronic Uraemic Nephritis

Contributory Causes Cerebral Oedema

Certifying Physician Harrison S. Martland, Chief Medical Examiner

His Address Newark, N. J.

Name of Father John Brown

His Birthplace Columbia, S. C.

Maiden Name of Mother Lucy Geiger

Her Birthplace Columbia, S. C.

Motor / Ship } Remains to Columbia, S. C.

Size and Style of Casket 6 ft. silver grey cloth, draped, Seal top — Plain with handles & engraving

Manufactured by American Casket Co.

Interment at ............ { Cemetery / Crematory

Diagram of Lot or Tomb

Lot No. ......

Grave No.

Section No. ..........

Owner ............

Total Receipts

Less

Entered into Ledger

| Mar. | 18 | To Funeral Charges .... Total, $ | 150 | 00 | Mar. 20 |
|---|---|---|---|---|---|
| | | | | | By Mon |

Brotherhood, $ ............ Names of Lodges ............

Names of Insurance Companies ............

We hereby authorize the above funeral and agree to pay the expenses thereof ............

Signed ............

Witness ............ Signed ............

# RECORD OF FUNERAL

Total No. 1 Yearly No. 1 Date March 13, 1935

Name of Deceased Jannie Bell Ward (Married) Colored Columbia, S.C.
(Single, Married, Divorced) (What Race) (Where born)

Residence of Deceased 201 Railroad Ave. Newark Husband or Wife: Wife Julius Ward

Charge to: Mrs Rosetta Hopkins

Address 21 Scott Street, Newark

Order given by Mrs R. Hopkins

How Secured

Occupation of Deceased Housewife

Name of Employer

Date of Death March 13, 1935 4:15

Date of Birth April 13, 1915

Age 20 (Years) (Months) (Days)

Date of Funeral 3/20/35 Wednesday 11 A.M. (Date) (Day of Week) (Hour)

Services at 602 High Street, City

Clergyman

His Address

Religion of the Deceased Protestant

Resided in the State (or U.S. or City or Country) (Years) (Months)

Place of Death City Hospital

Cause of Death Chronic Uremic Nephritis

Contributory Causes Cerebral Edema

Certifying Physician Harrison S Martland

His Address Chief Medical Examiner Newark, N.J.

Name of Father John Brown

His Birthplace Columbia, S.C.

Maiden Name of Mother Lucy Hegeur

Her Birthplace Columbia, S.C.

Remains to Columbia, S.C.

Size and Style of Casket 6 ft. silver grey cloth, cut top - Russ with handles for shipping

Manufactured by American Casket Co.

Interment at (Cemetery / Crematory)

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | $150.00 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Turpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers | |
| Flowers, $ (Charge of Newspapers) Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Auto Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | |
| Less | |
| Balance | |

Entered into Ledger, page ... below

| Mar | 13 | To Funeral Charges. Total, $ | 150 | 00 | Mar | 20 | By Cash | $150 | 00 |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Pay Mrs R. Hopkins | | |

Insurance, $ ... Names of Lodges ...

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 4 Yearly No. 4 Date April 1 1935

Name of Deceased Launa Malone Milhouse (Separated) (Single, Married, Divorced) Colored (What Race) Georgia (Where Born)

Residence of Deceased 260 Prince Street Newark (Husband—Wife—Widow or Separated) of Isaac Millions

Charge to Mrs Easter Malone

Address 260 Prince Street, Newark

Order given by Mrs Elizabeth Chadwick

How Secured By Telephone

Occupation of Deceased House Wife

Name of Employer

Date of Death April 1, 1935

Date of Birth September 2, 1898

Age 37 (Years) (Months) (Days)

Date of Funeral April 4 1935 (Thurs) 2 P.M.

Services at True Love Baptist Mission

Clergyman Rev.

His Address Howard Street

Religion of the Deceased Baptist

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 260 Prince St. Newark

Cause of Death

Contributory Causes

Certifying Physician Gibbs Chishorm (or Coroner)

His Address

Name of Father Warren Malone

His Birthplace Georgia

Maiden Name of Mother Easter McCook

Her Birthplace Georgia

Motor / Ship Remains to Rosehill, Linden

Size and Style of Casket 6ft. Octagon silvergray (State Color) Poor outside case

Manufactured by American Casket Co

Interment at Rosehill (Cemetery / Crematory)

Grave Card Delivered By R.E.C.R. Dec April 10, 1935

Diagram of Lot or Vault

Lot No.

Grave No. 674

Section No. 22

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 157 | 50 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery 1 @ $ 10 | 10 | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| 1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | 50 |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 193 | 00 |
| Less Discount | 1 | — |
| Balance | 192 | 00 |

Entered into Ledger, page or below.

| Date | | | $ | ¢ | Date | | | $ | ¢ |
|---|---|---|---|---|---|---|---|---|---|
| Apr. | 1 | To Funeral Charges. Total, | 193 | 00 | Apr. | 4 | By Cash (Mrs Chadwick) | 25 | 00 |
| | | | | | Apr. | 10 | | 167 | 00 |
| | | | | | | | Discount | 1 | — |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. WEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 5    Yearly No. 5    Date April 2 1935

Name of Deceased Eva Ann Maddox (Single—Married—Divorced) Married   Colored (What Race) Jersey City, N.J. (Birthplace)

Residence of Deceased 19 Fairview Avenue   (Husband—Wife—Father) Wife   John G. Maddox

Charge to John G. Maddox

Address 19 Fairview Ave. Newark

Order given by Mr. Maddox (or Informant)

How Secured By Telephone

Occupation of Deceased Housewife

Name of Employer

Date of Death April 2, 1935 (Day) 1:45 P.M. (Hour)

Date of Birth Oct. 10, 1876

Age 58 (Years) 4 (Months) 28 (Days)

Date of Funeral Apr. 6 '35 Friday (Day of Week) 2 P.M. (Hour)

Services at 622 High Street

Clergyman Mr. J. Johnson

His Address [illegible]

Religion of the Deceased Jehovah's Witness

Resided in the State Life (U.S. or City or County) (Years) (Months)

Place of Death 19 Fairview Avenue

Cause of Death Pulmonary Oedema; Cardiac failure

Contributory Causes [illegible]

Certifying Physician Clement R. Golden

His Address 3417 - 16th Avenue Irvington

Name of Father George Goodfellow

His Birthplace U.S.A.

Maiden Name of Mother Ella Roberts

Her Birthplace Newark, N.J.

Shipping Remains to Rosedale, Linden, N.J.

Size and Style of Casket 6 ft Sq. End Gray (State Color)

Cloth Casket: Blue [illegible]

Manufactured by American Casket Co.

Interment at Rose Hill (Cemetery / Crematory)

| Diagram of Lots or Vaults | |
|---|---|
| Grave Cons. Bill. Rec. - Mail Chk - 1/2/37 JCS | Lot No. |
| | Grave No. 615 |
| | Section No. 22 |
| | Owner |

RETURNED BY MAIL - ON FILE IN OFFICE

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 157 | 50 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery 1 @ $ 10 | 10 | — |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | 50 |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in N.N. Newspapers | 1 | 50 |
| (Names of Newspapers) | | |
| Flowers, $ 5 Rental of Palms, $ | 5 | — |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | — |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 199 | 50 |
| Less | | |
| Balance | | |

Entered into Ledger, page ...... or below.

| Date | | | Total, $ | | Date | | | $ | ¢ |
|---|---|---|---|---|---|---|---|---|---|
| Apr. | 2 | To Funeral Charges. | 199 | 50 | Apr. | 10 | By Cash | 199 | 50 |

PAID [illegible] Grace [illegible] 37. JCS

Insurance, $ ...... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ...... Signed

Compiled by F. J. [illegible], St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 6 Yearly No. 6 Date April 3 1925

Name of Deceased Baby Gilbert Neal (Single—Married—Divorced) Single Colored (White Race) Newark N.J. (Where Born)

Residence of Deceased 97 Lillie Street, Newk Husband—Wife—Widow—or—

Charge to Gussie Neal Lockett

Address 97 Lillie Street, Newark.

Order given by Mr. & Mrs. Neal & Mrs. Lockett (or informant)

How Secured

Occupation of Deceased —

Name of Employer —

Date of Death April 1 1925 (Date) 12:01 AM (Hour)

Date of Birth January 15. 1924

Age 1 (Years) 2 (Months) 16 (Days)

Date of Funeral Apr 3 1925 (Date) Friday (Day of Week) 11 AM (Hour)

Services at 62 High Street, Newk

Clergyman Rev. Renfro

His Address

Religion of the Deceased

Resided in the State life (or U.S. if of Foreign Country) (Years) (Months)

Place of Death City Memorial Hospital

Cause of Death Bronchopneumonia, Influenzal Meningitis

Contributory Cause Malnutrition

Certifying Physician Mildred S. Gregory (or Coroner)

His Address 15 Rosemville Ave, City

Name of Father William Neal

His Birthplace Cotton, Alabama

Maiden Name of Mother Ollie Hicks

Her Birthplace Pelham, Georgia

Motor / Ship } Remains to Evergreen Cem., Elizabeth

Size and Style of Casket 2'6" Tufted Casket (State Color) with Pine outside box

Manufactured by American Casket Co.

Interment at Evergreen { Cemetery / Crematory

Lot No. S. Lor. Plot C.C.M. #3

Grave No. 7

Section No. Row 1 F.

Owner

(Diagram of Lot or Vault): Grave Card Delivered by Em X Apr. 4, 1925

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 42 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit Hospital (State Number and District) | 1 | — |
| 1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | 50 |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 10 | — |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| (Removal from Beckett's) (Apr. 1, 1925) | | |
| Total Footing of Bill | 53 | 50 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| Month | Day | | $ | ¢ | Month | Day | | $ | ¢ |
|---|---|---|---|---|---|---|---|---|---|
| Apr. | 3 | To Funeral Charges. Total, $ | 53 | 50 | Apr. | 3 | By Cash | 14 | 00 |
| | | | | | | 25 | | 14 | 50 |
| | | | | | June | 14 | | 5 | 00 |
| | | | | | Aug. | 3 | | 2 | 50 |
| | | | | | | | Total Paid | 36 | 00 |

22 Paid 1st top floor Entrance - Rear

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

Compiled by F. J. FREEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 7 Yearly No. 7 Date April 5 1935

Name of Deceased Annie Hargrove (Male, Married, Divorced) Widowed Colored Alabama (When Born)

Residence of Deceased 124 Prince Street (Single, Married, Widow, Widower) Widowed { Thomas Hargrove

Charge to Miss Jennie Hargrove

Address 124 Prince Street, Newk

Order given by Misses J. & T. Hargrove

How Secured By Telephone

Occupation of Deceased Housewife

Name of Employer

Date of Death April 5, 1935 (Hour)

Date of Birth Aug. 14, 1887

Age 47 (Years) 7 (Months) 20 (Days)

Date of Funeral 4/9/35 (Date) Tuesday (Day of Week) 2 P. (Hour) M

Services at Moorish Science Temple

Clergyman

His Address

Religion of the Deceased Moorish Science

Resided in the State (City or County) (Years) (Months)

Place of Death 124 Prince Street, Newk

Cause of Death

Contributory Causes

Certifying Physician Walter T. Darden (or Coroner)

His Address West Kinney St. Newk

Name of Father Daniel James

His Birthplace Alabama

Maiden Name of Mother Jane James

Her Birthplace Alabama

Motor / Ship } Remains to Evergreen Cemetery, Eliz

Size and Style of Casket 6 ft. grey Embossed (State Color) plush, hinged panel, silver plated

Manufactured by American Casket Co.

Interment at Evergreen Cemetery (Cemetery / Crematory)

| Diagram of Lot or Vault |
|---|
| Grave Card Delivered by J. E. C. April 11, 1935 |

Lot No. Single Grave C. H. P.

Grave No. 6.5

Section No. Row 70

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 187 | 50 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ Hose, $ | | |
| Underwear, $ (State Color) Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| 1 Certif. Copies of Death Certificates No. Phys. (State Physician's or Coroner's) | | 50 |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers | | |
| (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 50 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 238 | — |
| Less Discount | 2 | 50 |
| Balance | | |

Entered into Ledger, page or below.

| Date | | | Total, $ | Date | | $ | ¢ |
|---|---|---|---|---|---|---|---|
| Apr. | 5 | To Funeral Charges | 238 00 | Apr. 9 | By Cash J. H. | 25 | 50 |
| | | | | Apr. 11 | | 210 | 00 |
| | | | | | Discount | 2 | 50 |
| | | | | | Paid by Miss Jennie Hargrove | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEHRMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 8 Yearly No. 8 Date April 5 1935

Name of Deceased Mannie Morse (Single—Married—Divorced) Married Colored (What Race) Boydens Va. (Where Born)

Residence of Deceased 4 E. 118 Street, N.Y.C. Husband—Wife—Widow—Wife — Charlie Morse

Charge to Charlie Morse

Address 4 E. 118 Street, N.Y.C.

Order given by Mrs Callie Renne & Mr. Morse (or Informant)

How Secured By Telephone

Occupation of Deceased Housewife

Name of Employer

Date of Death April 5 1935 (Day) Hour

Date of Birth Dec. 25

Age 63 (Years) 2 (Months) 12 (Days)

Date of Funeral Apr. 8 '35 (Date) Monday (Day of Week) 4 P. M. (Hour)

Services at 60 E. High Street Newark

Clergyman Rev. Rev. M. Hutchens (at Grave)

His Address Elmwood Avenue E.O.

Religion of the Deceased Protestant

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death 4 E 118 Street N.Y.C.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Dick Daly

His Birthplace Virginia

Maiden Name of Mother Lucy A. Williams

Her Birthplace Virginia

Motor/Ship Remains to Rosedale Cemetery Orange

Size and Style of Casket Dull Metal, Half Couch (State Color)

Rice painted grey & Curted [illegible]

Manufactured by American Casket Co.

Interment at Rosedale (Cemetery / Crematory)

Grave Card Delivered By J.E.C. on April 23, 1935

Diagram of Lot or Vault

Lot No. Base 3

Grave No. 5

Section No. 10

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | 389 | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| 2 Certif. Copies of Death Certificate No. [illegible] (State Number and Deliver) (State Physician's or Coroner's) | 2 | 00 |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 89 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 480 | — |
| Less | | |
| Balance | | |

Entered into Ledger, page ..... or below.

| | | | Total, $ | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Apr. | 6 | To Funeral Charges | 480 | 00 | Apr. | 23 | By Cash Paid by Mrs Morse (at residence) RECEIVED PAYMENT | 480 | 00 |

Insurance, $ ..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ..... Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 9 Yearly No. 9 Date April 17 1935

Name of Deceased John M. Brewer Married Colored So. Carolina

Residence of Deceased 34 Ridgewood Ave. Husband of Eliza A. Brewer

Charge to: Mrs. Eliza A. Brewer

Address 34 Ridgewood Ave

Order given by Mrs. E. A. Brewer

How Secured By telephone

Occupation of Deceased Laborer

Name of Employer

Date of Death April 17, 1935 12 noon

Date of Birth About 1867

Age about 68

Date of Funeral Apr. 20th Saturday 2 P. M.

Services at Church of God

Clergyman Rev. Mr. Wells

His Address

Religion of the Deceased Protestant

Resided in the State About 7 years

Place of Death 34 Ridgewood Avenue

Cause of Death Influenza

Contributory Causes

Certifying Physician Dr. Bell

His Address Belmont Ave. Newk

Name of Father Steve Brewer

His Birthplace So. Carolina

Maiden Name of Mother Margaret Blair

Her Birthplace So. Carolina

Motor Remains to Evergreen Cem Eliz.

Size and Style of Casket 6 Grey Cloth square with Pine outside case

Manufactured by American Casket Co.

Interment at Evergreen Cemetery

Grave card delivered on 4/25/35 By J.B.G.

Single Gr. Plot Lot No. 4 G.C.A.

Grave No. 6

Section No. Bard 21

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box | | |
| Burial Vault | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. | | 50 |
| Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers | | |
| Flowers, $ 15 Rental of Palms, $ | 15 | 00 |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 50 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | 10 | 00 |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 225 | 50 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| Date | | | Total, $ | ¢ | Date | | | $ | ¢ |
|---|---|---|---|---|---|---|---|---|---|
| Apr. | 18 | To Funeral Charges. | 225 | 50 | April | 25 | By Cash in full J.G.C. | 225 | 50 |

RECEIVED PAYMENT

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FRINKMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 10 Yearly No. 10 Date April 22, 1935

Name of Deceased Dorothy Tables Single (Single—Married—Divorced) Colored (What Race) Newark, N.J. (Where Born)

Residence of Deceased 77 Broome Street (Husband—Wife—Widow of)

Charge to John Tables

Address 77 Broome St. Newk

Order given by John Tables (or relationship)

How Secured By Calling at Office

Occupation of Deceased

Name of Employer

Date of Death April 22, 1935 (Date) Hour

Date of Birth

Age 5 (Years) (Months) (Days)

Date of Funeral April 24, '35 Wednesday 2 P.M. (Date) (Day of Week) (Hour)

Services at 602 High street, Newk.

Clergyman Rev. C. J. Ahern

His Address

Religion of the Deceased Catholic

Resided in the State life (or U. S. if in City or County) (Years) (Months)

Place of Death 77 Broome St. Newk

Cause of Death Endocarditis

Contributory Causes Measles

Certifying Physician Gibbs Chisham (or Coroner)

His Address 141 Boston Street Newk

Name of Father John Tables

His Birthplace Portugal

Maiden Name of Mother Esther Bailey

Her Birthplace Norfolk, Va.

Motor / Ship } Remains to Holy Cross Cemetery, Arlington

Size and Style of Casket White Coffin covered (State Color) with lamb skin & pine outside Case

Manufactured by American Casket Co.

Interment at Holy Cross { Cemetery / Crematory }

| Diagram of Lot or Tomb | |
|---|---|
| Buried in Plot | Lot No. |
| | Grave No. |
| | Section No. |
| | Owner John Tables |

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 60 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 15 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 75 | 00 |
| Less | | |
| Balance | 75 | 00 |

Entered into Ledger, page ...... or below.

| Date | | | $ | ¢ | Date | | | $ | ¢ |
|---|---|---|---|---|---|---|---|---|---|
| Apr. | 24 | To Funeral Charges ... Total, $ | 75 | 00 | Apr. | 24 | By Cash Rev. C. J. Ahern | 10 | 00 |
| | | | | | Apr. | 24 | John Tables | 5 | 00 |
| | | | | | May | 4 | " | 20 | 00 |
| | | | | | June | 5 | " | 5 | 00 |
| | | | | | June | 29 | " | 5 | 00 |

Insurance, $ ...... Names of Lodges ......

Names of Insurance Companies ......

We hereby authorize the above funeral and agree to pay the expenses thereof ......

Signed ......

Witness ...... Signed ......

Compiled by F. J. PERKMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 11 Yearly No. 1 Date April 25 1935

Name of Deceased Burrin Philips (Single—Married—Divorced) Widowed Colored (What Race) South Carolina (Where Born)

Residence of Deceased 7 Hampen St. Newk Husband—Wife—Widow—er Widowed | Unknown

Charge to Fannie M. Lewis

Address 7 Hampen St. Newk

Order given by Fannie M. Lewis (or informant)

How Secured

Occupation of Deceased Laborer

Name of Employer

Date of Death April 1935

Date of Birth About 1874

Age 61 (Years) (Months) (Days)

Date of Funeral Apr. 27 '35 (Date) (Day of Week) 1 PM (Hour)

Services at 602 High Street, Newk

Clergyman Rev. J. Williams

His Address

Religion of the Deceased Baptist

Resided in the State (1st U. S. or City or County) (Years) (Months)

Place of Death St. Michael's Hospital

Cause of Death Heart Disease

Contributory Causes Auricular fibrillation Arterial...

Certifying Physician John H. Sullivan

His Address St. Michael's Hospital

Name of Father Franklin Philips

His Birthplace South Carolina

Maiden Name of Mother Fannie Brown

Her Birthplace South Carolina

Motor / Ship } Remains to Linden, N. J.

Size and Style of Casket 6 ft. gray coffin with top ...

Manufactured by

Interment at Rose Hill { Cemetery / Crematory

Grave Cont'd. By J. C. C. Oct. 6/10/35

Diagram of Lot or Vault

Lot No.

Grave No. 617

Section No. 22

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 100 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (Name Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery 1 @ $ 12 | 12 | — |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| 1 Certif. Copies of Death Certificates No. Ex. Pay (State Physician's or Coroner's) | | 50 |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | — |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 187 | 50 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| | | | $ | ¢ | | | | $ | ¢ |
|---|---|---|---|---|---|---|---|---|---|
| | | To Funeral Charges. Total, $ | 187 | 50 | | | By Cash | 25 | 00 |
| | | Bal | 112 | 50 | June | 7 | ✓ | 7 | 50 |
| | | Mrs. Fannie May Lewis | Room | ... | June | 10 | ✓ | 9 | 2.57 |
| | | 188 W. 127 St. N. Y. City | | | | | | | |
| | | University 4-5405 | | | | | | | |

Insurance, $ Names of Lodges

Names of Insurance Companies Metropolitan Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed Fannie Mae Lewis

Witness Signed

Compiled by F. J. PENNIMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 123 Yearly No. 12 Date April 25 1935

Name of Deceased Gretta Hawkins (Single—Married—Widowed) Single Colored (What Race) Newark, N.J. (Where Born)

Residence of Deceased 118 Broom St. Newk

Charge to James Hawkins

Address 118 Broom St. City

Order given by James Hawkins (or informant)

How Secured In person

Occupation of Deceased

Name of Employer

Date of Death

Date of Birth March 30, 1933

Age 2 (Years) — (Months) 26 (Days)

Date of Funeral Apr 27 (Date) Sat (Day of Week) 9 A.M. (Hour)

Services at 692 High Street, Newark

Clergyman (Strictly private) None

His Address

Religion of the Deceased

Resided in the State life

Place of Death Essex County Isolation Hospital Belleville

Cause of Death Pertussis

Contributory Causes Bronchopneumonia

Certifying Physician Jacob Bleiberg

His Address Essex County Hosp. Belleville

Name of Father James Hawkins

His Birthplace Virginia

Maiden Name of Mother Mildred Green

Her Birthplace Georgia

Motor/Ship Remains to Elizabeth, N.J.

Size and Style of Casket white coffin with top Board

Manufactured by

Interment at Evergreen Cem. (Cemetery/Crematory)

Grave Cost Del / Pay / Ow (Diagram of Lot or Vault)

Lot No. 4 S. P. G.

Grave No. 1

Section No. H

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 40 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Date) | | |
| 1 Certif. Copies of Death Certificates No. Phy (State Physician's or Coroner's) | | 50 |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 14 | — |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | | |
| Less | | |
| Balance | | |

Entered into Ledger, page ...... or below.

| | | | | | | | | $ | ¢ |
|---|---|---|---|---|---|---|---|---|---|
| | To Funeral Charges | Total, $ | 54 | 00 | May | 4 | By Cash | 5 | 00 |
| | | | | | May | 11 | " Check (Mthr) | 30 | 00 |

Insurance, $ ........ Names of Lodges ........

Names of Insurance Companies ........

We hereby authorize the above funeral and agree to pay the expenses thereof ........

Signed ........

Witness ........ Signed ........

Compiled by F. J. FREINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 13 Yearly No. 13 Date May 1 1935

Name of Deceased Ada Roy — Married Colored Marlborough N.Y.

Residence of Deceased 38 Berrigan street Orange. Husband, Wife, Widow — wife — Charles Roy

Charge to Mr Charles Roy

Address 38 Berrigan street Orange

Order given by Mr Charles

How Secured By Telephone

Occupation of Deceased Housewife

Name of Employer

Date of Death May 1 1935

Date of Birth Jan. 18, 1873

Age 62 (Years) 2 (Months) 13 (Days)

Date of Funeral 5/4/35 Saturday 1:30 PM

Services at Church of the Epiphany

Clergyman Rev. Geo. M. Plaskett

His Address Webster Place, Orange

Religion of the Deceased Episcopal

Resided in the State life — U.S.A.

Place of Death Orange Memorial Hospital

Cause of Death Cerebral hemorrhage

Contributory Causes Extensive hemorrhage in Brain

Certifying Physician Dr. Geo. J. Olcott

His Address Asst. Medical Examiner of E. County

Name of Father Dave Johnson

His Birthplace New York

Maiden Name of Mother Julia Mills

Her Birthplace

Motor / Ship Remains to Bloomfield N.J.

Size and Style of Casket 6 Oct. End Half Couch Extension Handles, Pine Bathtube Case

Manufactured by Astoria Casket Co.

Interment at Glendale Cemetery / Crematory

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 175 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Date) | | |
| 1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | Gratis | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in 1 Newspapers. Newark Evening News (Names of Newspapers) | GRATIS | |
| Flowers, $ Rental of Palms, $ | GRATIS | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb Extra deep 7 ft. 6 in. grave | 60 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 235 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

Diagram of Lot or Tomb: Grave Card Del By Gu

Bank / Lot No. 1
Grave No. 44
Section No. 3
Row 15
Extra deep

| | | | | Date | | | | |
|---|---|---|---|---|---|---|---|---|
| To Funeral Charges. Total, $ | 175 | 00 | May | 3 | By Cash For Grave | 60 | 00 |
| | | | | 9 | | 175 | 00 |
| | 5/9/35 | | | | | | |
| | J. E. C. Bro | | | | | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 12 Yearly No. 14 Date May 2 1926

Name of Deceased Miss [illegible] Britt (Single — Married — Divorced) Colored (What Race) Alabama (Where Born)

Residence of Deceased [illegible] St. Newark (Husband—Wife—Widow— of)

Charge to [illegible]

Address [illegible] St. Newark N.J.

Order given by [illegible] (or Attendant)

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer

Date of Death [illegible] (Date) (Hour)

Date of Birth [illegible]

Age 56 (Years) (Months) (Days)

Date of Funeral [illegible] Thursday (Day of Week) 2 P.M. (Hour)

Services at [illegible] Church

Clergyman

His Address

Religion of the Deceased Methodist

Resided in the State (in U.S. or City or County) (Years) (Months)

Place of Death [illegible] City Hospital

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address [illegible] City Hospital

Name of Father

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] (State Color)

Coffin

Manufactured by [illegible] Casket Co.

Interment at [illegible] { Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| | |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ..... with ..... Fluid | |
| Barber, $ ..... Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) ..... Hose, $ | |
| Underwear, $ ..... Slippers, $ | |
| Folding Chairs, $ ..... Tarpaulin, $ | |
| Candelabrum, $ ..... Candles, $ | |
| Door Badge, $ ..... Gloves, $ | |
| Hearse, $ ..... Ambulance, $ | |
| Limousines to Cemetery ..... @ $ | |
| Autos to R. R. Station ..... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in ..... Newspapers (Names of Newspapers) | |
| Flowers, $ ..... Rental of Palms, $ | |
| Rental of Tent, $ ..... of Temporary Tomb, $ | |
| Lowering Device, $ ..... Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ..... Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ | |
| Railroad or Motor } Tickets, $ ..... Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |
| Entered into Ledger, page ..... or below. | |

| | | | | Month | Day | | |
|---|---|---|---|---|---|---|---|
| To Funeral Charges.... Total, $ | | May | 4 | By Cash | $ 15.00 |
| | | | 7 | | 22.25 |
| | | | 15 | | 2.00 |
| | | | 27 | | 4.00 |
| | | June | 26 | | 5.00 |

Insurance, $ ..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ..... Signed

# RECORD OF FUNERAL

Total No. 15 Yearly No. 15 Date May 9 1935

Name of Deceased Catherine Jones (Married) Colored (White Black) Savannah, Georgia (Where born)

Residence of Deceased 125 Spruce street (Husband–Wife–Widow) wife of Thomas Jones

Charge to Thomas Jones

Address 125 Spruce street, [illegible]

Order given by Thomas Jones

How Secured

Occupation of Deceased Housewife

Name of Employer

Date of Death May 8, 1935 1:30 P.M. (Hour)

Date of Birth Dec. 13, 1894

Age 40 (Years) 4 (Months) 25 (Days)

Date of Funeral 5/10/35 (Date) Friday (Day of Week) 10 (Hour)

Services at 125 Spruce Street, City

Clergyman

His Address

Religion of the Deceased

Resided in the State (Yrs. in State) (Years) (Months)

Place of Death St. Michael's Hospital

Cause of Death Post Operation Shock

Contributory Causes

Certifying Physician Bernard J. Walsh

His Address St. Michael's Hospital

Name of Father Charles Mitchell

His Birthplace Savannah, Georgia

Maiden Name of Mother Charlotte Pratt

Her Birthplace Savannah, Georgia

Motor / Ship } Remains to Savannah, Georgia

Size and Style of Casket 6 ft Orchid full couch Casket, Octagon end, [illegible]

Manufactured by Octagon Casket Co.

Interment at Laurel Grove { Cemetery / Crematory }

Family plot Savannah Ga. (Diagram of Lot or Tomb)

Lot No.

Grave No.

Section No.

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 310 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit, or Dress, $ 14.50 (State Color) Hose, $ — | 14 | 50 |
| Underwear, $ Slippers, $ 4.50 | 4 | 50 |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ 1.00 | 1 | 00 |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges: Hire of Car to Savannah | 100 | 00 |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page or below. | | |

| Date | | Charges | $ | Date | | Credit | $ |
|---|---|---|---|---|---|---|---|
| May | 17 | To Funeral Charges. Total, $ | 430 00 | May | 17 | By Cash J. B. G. | 430 00 ✓ |
| | | 5/17/35 J. B. G. Paid | | | | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 16 Yearly No. 16 Date May 9 1935

Name of Deceased Medora Wanzer Married Colored Port Eliz, N.J.

Residence of Deceased 16 Jones Street, East Orange Widow Rupert Wanzer

Charge to

Address

Order given by Mrs. Georgia Bland

How Secured 4 Ryerson ... N.Y.C.

Occupation of Deceased None

Name of Employer

Date of Death May 8, 1935 12:10 A.M.

Date of Birth May 4, 1861

Age 74 (Years) (Months) 5 (Days)

Date of Funeral 5/10/35 Friday 90 M.

Services at St. Mark's A. M. E. Church

Clergyman Rev. S. T. Shepherd

His Address 14 Jones Street, E.O.

Religion of the Deceased Methodist

Resided in the State 27 years

Place of Death 16 Jones Street, E. Orange

Cause of Death Diabetes Chronic Glomerular Nephritis

Contributory Causes Amputation R. leg May 1933

Certifying Physician William N. Cooke

His Address 383 Main St. E. Orange

Name of Father Joseph Tillman

His Birthplace Unknown

Maiden Name of Mother Eliza Jackson

Her Birthplace Unknown

Remains to Millville, N.J.

Size and Style of Casket Sq. end with ... outside ... Handles

Manufactured by Crescent Casket Co.

Interment at Mt. Pleasant (Cemetery)

Family Lot

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| | | $ | |
|---|---|---|---|
| Complete Funeral | | 150 | 00 |
| Casket Extra Large | | 12 | 50 |
| Metallic Lining (State Kind) | | | |
| Outside Box (State Kind) | | | |
| Burial Vault (State Kind) | | | |
| Embalming Body with Fluid | | | |
| Bar ... $ Hole Digging, $ | | | |
| Dressing Body | | | |
| Shirt or Dress, $ (Made Cost) Hose, $ | | | |
| Underwear, $ Slippers, $ | | | |
| Folding Chairs, $ Tarpaulin, $ | | | |
| Candelabrum, $ Candles, $ | | | |
| Door Badge, $ Gloves, $ | | | |
| Hearse, $ 35 Ambulance, $ | | 35 | |
| Limousines to Cemetery @ $ | | | |
| Autos to R. R. Station @ $ | | | |
| Getting Remains from | | | |
| Taking Remains to | | | |
| Delivering Box to | | | |
| Flowers to | | | |
| Removal Charges | | | |
| Procuring Burial Permit (State Number and District) | | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | | |
| Pall Bearer Service | | | |
| Personal Service | | | |
| Use of Chapel | | | |
| Outlay for Lot | | | |
| Death Notices in Newspapers (Names of Newspapers) | | | |
| Flowers, $ Rental of Palms, $ | | | |
| Rental of Tent, $ of Temporary Tomb, $ | | | |
| Lowering Device, $ Cremation, $ | | | |
| Opening of Grave or Tomb | | | |
| Lining Grave, $ Matting, $ | | | |
| Outlay for Shipping Charges | | | |
| Clergyman, $ Singers, $ Organist, $ | | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | | |
| Telegr., Phone, Cable or Radio Charges | | | |
| Cash Advanced | | | |
| Out of town Undertaker's Charges | | | |
| Total Footing of Bill | | 197 | 50 |
| Less | | | |
| Balance | | | |
| Entered into Ledger, page or below. | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| May | 20 | To Funeral Charges. Total, $ | 197 | 50 | May | 25 | By Cash Mr. Washam $ | 197 | 50 |

RECEIVED PAYMENT ... 5/25/35 James E. Churchman Per

Insurance, $ 215.75 Names of Lodges

Names of Insurance Companies Metropolitan Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 17 Yearly No. 17 Date May 10 1935

Name of Deceased Helena Coleman (Single – Married – Divorced) Widowed Colored (What Race) Orange, N.J. (Where Born)

Residence of Deceased 85 Orchard St. Orange Husband's – Wife – Widow – Widowed – Helen Coleman

Charge to: Overseer of the Poor (Miss Coleman)

Address 1750 Main Street, Orange

Order given by

How Secured By Phone (or Informant)

Occupation of Deceased Housewife

Name of Employer

Date of Death May 10, 1935 8:00 A.M. (Hour)

Date of Birth July 4, 1889

Age 45 (Years) 10 (Months) 6 (Days)

Date of Funeral Wednesday, May 15 at 2 P.M. (Date) (Day of Week) (Hour)

Services at 602 High street

Clergyman Rev. T. B. Brantley

His Address Elizabeth N.J.

Religion of the Deceased Methodist

Resided in the State Life (Years) (Months)

Place of Death Orange N.J. 85 Orchard St.

Cause of Death Acute Cardiac failure / sudden death / Cardiac dilatation

Contributory Causes Chronic Myocarditis

Certifying Physician Geo. O. Scott (or Coroner)

His Address 237 Hamilton Street E.O.

Name of Father Frank Bozeman

His Birthplace Jacksonville Fla.

Maiden Name of Mother Sarah Scott

Her Birthplace Buckingham Co. Va.

Motor / Ship } Remains to Orange N.J.

Size and Style of Casket Grey Coffin 5 ft Top Board

Manufactured by American Casket Co

Interment at Rosedale { Cemetery / Crematory

Lot No. City

Grave No. /

Section No.

Owner

Diagram of Lot or Tomb

| Item | $ | |
|---|---|---|
| Complete Funeral | 87 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cemetery, $ | | |
| Opening of Grave or Tomb, $ | 18 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Auto Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 105 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| May | 18 | To Funeral Charges.... Total, $ | 106.00 | By Cash J.E.C. | | 10 | 00 |
| | | | | H.C. | | 20 | 00 |
| | | | | | | 55 | – |

RECEIVED PAYMENT July 1935

JAMES E. CHURCHMAN, Inc.

July 10, 1935

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. PINNEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 16 Yearly No. 18 Date May 14 1935

Name of Deceased Bennie Hargrove Single Colored Alabama

Residence of Deceased 124 Prince Street, Newark

Charge to

Address

Order given by Mrs Jimmie Hargrove

How Secured By Phone

Occupation of Deceased Student

Name of Employer

Date of Death May 14, 1935 12:30 AM

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased Moorish Church

Resided in the State

Place of Death 124 Prince Street, Newark

Cause of Death Myocarditis Imbecility

Contributory Causes Malnutrition

Certifying Physician Walter T Darden

His Address 119 West Kinney Street

Name of Father Thomas Hargrove

His Birthplace Alabama

Maiden Name of Mother Anna James

Her Birthplace Alabama

Motor / Ship } Remains to

Size and Style of Casket (Name Color)

Manufactured by

Interment at { Cemetery / Crematory

Grave card delivered by J C C 5/18/35

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | 145 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | 25 | 00 |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 170 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

To Funeral Charges... Total, $

By Cash $

5/18/35

J C C Pres

Insurance, $ Names of Lodges

Names of Insurance Companies Metropolitan Life Ins. Co

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

# RECORD OF FUNERAL

Total No. 19 Yearly No. 19 Date May 27 1933

Name of Deceased Mrs. Lena Leigh (Single – Married – Divorced) married (Widowed) Colored (Which Race) Virginia (Where Born)

Residence of Deceased 47 Delavan Ave. Newark Husband – Wife – Mother – Mr. Joseph F. Leigh

Charge to Mr. Joseph F. Leigh

Address 47 Delavan Ave. Newark N.J.

Order given by Mr. Joseph F. Leigh (or informant)

How Secured Family History

Occupation of Deceased Housewife

Name of Employer

Date of Death May 24, 1933 (Date) (Hour)

Date of Birth Dec. 9, 1874

Age 60 (Years) 5 (Months) 7 (Days)

Date of Funeral May 29, 33 (Date) Wednesday (Day of Week) 9 P (Hour)

Services at Residence

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U.S. or City or County) 9 (Years) (Months)

Place of Death 47 Delavan Ave. Nwk

Cause of Death

Contributory Causes

Certifying Physician Dr. Delany (or Coroner)

His Address West Market St. Nwk

Name of Father Thomas Oliver

His Birthplace Virginia

Maiden Name of Mother Elizabeth Golding

Her Birthplace Virginia

Motor / Ship Remains to St. Michaels Cem. L.I.

Size and Style of Casket 6 Plush Mod. Gray (Name Color) Half Couch Extension Sandals

Manufactured by Amer. Casket Co.

Interment at St. Michaels Cem. (Cemetery / Crematory)

Two Interments

Diagram of Lot or Tomb

Plot No. L

Grave No. 1 H

Range Section No. 00

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 200 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) Rene Bonnetel gray | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | 25 | 00 |
| Limousines to Cemetery 3 @ $ | 60 | 00 |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 75 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| 1st trip to St. Michaels Cem. | 5 | 00 |
| and ... Nwk | 3 | 00 |
| Total Footing of Bill | 368 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below. | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| May | 27 | To Funeral Charges. Total, $ | 368 | 00 | May | 31 | By Cash | 2.50 |
| | | | | | | | Discount | .50 |
| | | | | | June | | By Cash | 365.00 |
| | | | | | | | | 368.00 |

RECEIVED PAYMENT June 7 1933
JAMES F. CHURCHMAN, Inc.
James F. Churchman Pres.

Insurance, $ Names of Lodges

Names of Insurance Companies Metropolitan Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 20 Yearly No. 20 Date May 31 1935

Name of Deceased Mr. Herman Deas Widower (Single—Married—Divorced) Colored (What Race) S Carolina (Where Born)

Residence of Deceased 134 Brunswick St Nwk Husband—Wife—Widow or Mother 136 Brunswick St Nwk

Charge to Mrs Elza Deas

Address.

Order given by Mrs. Elza Deas (or informant)

How Secured

Occupation of Deceased Steel Worker

Name of Employer

Date of Death May 27, 1935 (Date) 4:53 P.M. (Hour)

Date of Birth

Age 33 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 134 Brunswick St Nwk

Cause of Death Pulmonary T.B.

Contributory Causes Empyema

Certifying Physician Dr. Bradimelli Ast. M. Ex. (or Coroner)

His Address 8th Ave Newark N.J.

Name of Father Russell Deas

His Birthplace S. C.

Maiden Name of Mother Elza Pease

Her Birthplace S. Carolina

Motor / Ship } Remains to

Size and Style of Casket 6 ft Silver gray (State Color) Cut top coffin

Manufactured by Apex Casket Co

Interment at Rosehill { Cemetery / Crematory

| | |
|---|---|
| Complete Funeral | $ 100 00 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) Triplewood (State Kind) | |
| Burial Vault | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and Date) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | $ 100 00 |
| Loss | $ |
| Balance | $ |
| Entered into Ledger, page or below. | |

Diagram of Lot or Vault

Lot No.

Grave No. 702

Section No. 22

Owner

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| To Funeral Charges. Total, $ | 100 | 00 | 5 | 28 | By Cash | $ 5 | 00 |
| | | | 5 | 30 | | 16 | 67 |
| | | | 6 | 3 | | 15 | 00 |
| | | | | 3 | | 5 | 00 |

Insurance, $ Names of Lodges

Names of Insurance Companies none

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. Freneman, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 21 Yearly No. 20 Date May 31 1935

Name of Deceased Mr. Ogden Anthony (Single – Married – Divorced) married (White Race) Colored (Where Born) Newark N.J.

Residence of Deceased 31 Boyd St. Newark N.J. Husband—Wife—Widow ... Sister ... 92 Charlton St. 2nd floor

Charge to: Mrs. Gladys Turner

Address 92 Charlton St. Newark N.J.

Order given by Mrs. Gladys Turner (or Assignment)

How Secured

Occupation of Deceased Laborer

Name of Employer

Date of Death May 29th 1935 (Date) 6:29 (Hour) M

Date of Birth Feb. 19

Age 27 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased Methodist

Resided in the State Lifetime (City & or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death Lobar Pneumonia

Contributory Causes

Certifying Physician Hospital Staff (or Coroner)

His Address City Hospital

Name of Father John Anthony

His Birthplace N.Y.

Maiden Name of Mother Anna Wright

Her Birthplace N.J.

Motor / Ship } Remains to

Size and Style of Casket 6 ft. Schwarzigy (State Color)

Cut top coffin

Manufactured by Apex Casket Co.

Interment at Rosehill { Cemetery / Crematory

Diagram of Lot or Tomb

Lot No.

Grave No. 467

Section No. 22

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 109 | 50 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) ... Hose, $ | | |
| Underwear, $ ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Badge, $ ... Gloves, $ | | |
| Hearse, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ... Newspapers ... Newark Evening News (Names of Newspapers) | | 62 |
| Flowers, $ ... Rental of Palms, $ | | |
| Rental of Tent, $ ... of Temporary Tomb, $ | | |
| Lowering Device, $ ... Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor } Tickets, $ ... Auto-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 181 | 50 |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

| | | | $ | ¢ | | | | $ | ¢ |
|---|---|---|---|---|---|---|---|---|---|
| | | To Funeral Charges ... Total, $ | 181 | 50 | 5/ | 29 | By Cash | 135 | 00 |
| | | | 61 | 53 | 6/ | | | 6 | 23 |
| | | | 20 | 97 | 6/ | 7/ | | 11 | 33 |
| | | | | | 6/ | 3/ | | 20 | 00 |
| | | | | | 6/ | 3/ | | 4 | 00 |

Insurance, $ ... Names of Lodges

Names of Insurance Companies none

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ... Signed

Compiled by F. J. PENNEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 24 ........ Yearly No. 24 ........ Date June 6, 1935

Name of Deceased Mrs. Mabel Brewer, Married (Single – Married – Divorced) Colored (What Race) Bonsa (Where Born)

Residence of Deceased 128 Cashine Ave. Husband—Wife—Widow of James Brewer

Charge to Mr. James Brewer

Address 195 Charlton St. Newark

Order given by Hospital Records (or informant)

How Secured

Occupation of Deceased H. W.

Name of Employer

Date of Death June 5th, 1935 (Date) 8:30 P.M. (Hour)

Date of Birth July 7, 1902

Age 32 (Years) 10 (Months) 29 (Days)

Date of Funeral 6/8/35 (Date) Saturday (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased Holiness

Resided in the State (or U. S., or City or County) (Years) (Months)

Place of Death Essex Mountain San.

Cause of Death Pulmonary T. B.

Contributory Causes

Certifying Physician W. T. Bennett (or Coroner)

His Address Essex Mt. San.

Name of Father Beverly Bonn

His Birthplace Va.

Maiden Name of Mother Mary Scott

Her Birthplace Va.

Motor / Ship } Remains to

Size and Style of Casket Cut top octagon end (State Color) grey cloth casket

Manufactured by Astoria Casket Co.

Interment at Rosehill Cem. (Cemetery / Crematory)

Stone card to be turned on 6/17/35 by J. E. G. (Diagram of Labor Vault)

Lot No.

Grave No. 683

Section No. 22

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box Concrete (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| 1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | 1 | 00 |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | 10 | 00 |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 186 | |
| Less | 8 | |
| Balance | 194 | 00 |

Entered into Ledger, page ... or below.

| To Funeral Charges. Total, $ 194 | June 17 | By Cash | $ 194 | 00 |
|---|---|---|---|---|

RECEIVED PAYMENT 6/17/35 James E. Chirichon, Pro.

Insurance, $ ........ Names of Lodges

Names of Insurance Companies Metropolitan Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof.

Signed

Witness ........ Signed

Compiled by F. J. FRENEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 25 Yearly No. 25 Date June 6 1935

Name of Deceased: Mrs. Susan Wright Widow (Single – Married – Divorced) (What Race) (Where Born)

Residence of Deceased: 198 N. Clinton St. E. Orange — Husband—Wife—Widow of: John E. Wright

Charge to: Mrs. James Washington

Address: 198 N. Clinton St. E. Orange

Order given by: Mrs. James Washington

How Secured: Family History

Occupation of Deceased: None

Name of Employer: ——

Date of Death: June 6, 1935 (Date) 2:55 A.M. (Hour)

Date of Birth: Jan. March 1888

Age: about 47 (Years) (Months) (Days)

Date of Funeral: June 8, 1935 Saturday (Day of Week) 2 P.M. (Hour)

Services at: Residence

Clergyman: Rev. J. M. McLean

His Address: 2807 South St. Phila. Pa.

Religion of the Deceased:

Resided in the State: (In U. S. or City or County) (Years) (Months)

Place of Death: Homeopathic Hospital

Cause of Death:

Contributory Causes:

Certifying Physician: Dr. William H. Cooke (or Coroner)

His Address: Main St. E. Orange

Name of Father: Willis Boome

His Birthplace: N. C.

Maiden Name of Mother: Isabella Mayo

Her Birthplace: N. C.

Motor/Ship Remains to:

Size and Style of Casket: Octagon with H. C. (State Color) Chestnut

Manufactured by: Astoria Casket Co.

Interment at: Glendale (Cemetery / Crematory)

Interment in family plot (Diagram of Lot or Tomb)

Lot No. / Grave No. / Section No. / Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 225 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | 10 | 00 |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | 14 | 00 |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Date) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | 1 | 80 |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | [illegible] | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges — Hire of one extra car | 10 | 00 |
| Total Footing of Bill | 250 | 80 |
| Less | | |
| Balance | | |

Entered into Ledger, page .... or below.

| | | | Total | | Date | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | To Funeral Charges.... Total, $ | 250 | 80 | Jun | 15 | By Cash | ✓ | 250 | 80 |

RECEIVED PAYMENT 6/15/35 JAMES E. CHURCHMAN INC. James E. Churchman Pres.

Insurance, $ .... Names of Lodges ....

Names of Insurance Companies: Metropolitan Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed ....

Witness .... Signed ....

# RECORD OF FUNERAL

Total No. 26 Yearly No. 26 Date June 7th 1935

Name of Deceased Mrs. Ellen Givens Married Colored British W. Indies

Residence of Deceased 270 Prince St. Newark — Husband—Wife—Widow — Mr. Robert Givens

Charge to Mr. Robert Givens

Address 270 Prince St. First floor Right

Order given by Mr. Givens (or informant)

How Secured

Occupation of Deceased None

Name of Employer

Date of Death June 7th 1935 1:50 A.M. (Hour)

Date of Birth March 3

Age 52 (Years) (Months) (Days)

Date of Funeral 6/10/35 Monday 2 p.m. (Date) (Day of Week) (Hour)

Services at Funeral Home 60 High St.

Clergyman Rev. Lockleair

His Address

Religion of the Deceased Episcopalian

Resided in the State New Jersey 25 (or U.S.) City or County (Years) (Months)

Place of Death 270 Prince St. Newark

Cause of Death Hypertension

Contributory Causes

Certifying Physician Dr. Sydney Pearce (or Coroner)

His Address Elizabeth

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace British W. Indies

Motor / Ship } Remains to

Size and Style of Casket 6ft silver grey Velveteen Cut top (State Color)

Manufactured by

Interment at Rosehill Cem. { Cemetery / Crematory

Lot No.

Grave No. 801

Section No. 22

Owner

Order card delivered by / Date (Diagram of Lot or Vault)

| Item | Amount |
|---|---|
| Complete Funeral | $ 170 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Name of Newspapers) | |
| Flowers, $ Rental of Palms, $ | 5 |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | 25 |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | 5 |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges — Hire of one Extra Car | 10.00 |
| Total Footing of Bill | $ 205 |
| Less | $ |
| Balance | $ 205 |

Entered into Ledger, page ...... or below.

| To Funeral Charges. Total, $ 205 | By Cash | 1 | $ 205 |
|---|---|---|---|

RECEIVED PAYMENT 6/14/35 JAMES E. CHURCHMAN, Inc. James E. Churchman Pres.

Insurance, $ 273.23 Names of Lodges

Names of Insurance Companies Metropolitan Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 27 Yearly No. 27 Date June 17 1935

Name of Deceased Mr. Lee Johnson single (Single, Married, Divorced) Colored (What Race) Georgia Miss (Where Born)

Residence of Deceased 140 Somerset St. Newark N.J. Husband, Wife, Widow — Son — Mr. Frank Johnson

Charge to: Mrs. Lellie Johnson

Address 140 Somerset St. Newark

Order given by Mrs. Lellie Johnson (or Informant)

How Secured Mother

Occupation of Deceased Laborer

Name of Employer

Date of Death June 16, 1935 (Date) 2 P.M. (Hour)

Date of Birth Sept. 2, 1912

Age 22 (Years) 7 (Months) 12 (Days)

Date of Funeral June 18 Tuesday (Day of Week) 2 P. (Hour) M

Services at Church of God 210 Broome St.

Clergyman Rev. Wells

His Address Spruce St. Newark N.J.

Religion of the Deceased Sanctified

Resided in the State (or U.S. or City or County) 5 (Years) (Months)

Place of Death St. James Hospital

Cause of Death Highway accident

Contributory Causes Broncho Pneumonia

Certifying Physician C. V. Bissinelle A.M.E. (or Coroner)

His Address 92 Eighth Ave. Newark

Name of Father Frank Johnson

His Birthplace Ga.

Maiden Name of Mother Lellie Brewer

Her Birthplace Ga.

Motor / Ship } Remains to

Size and Style of Casket White Plush (State Color) Half Couch 6 ft

Manufactured by R. Conte Inc.

Interment at Rosehill Cem. { Cemetery / Crematory

Grave card del. by O. G. Date 6/29/35

Diagram of Lot or Vault

Lot No. 10,529 Interment

Grave No. 883

Section No. 22

Owner

| | | |
|---|---|---|
| Complete Funeral | $ 250 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid (State Kind) | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ Hose, $ (State Color) | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ 275 | 00 |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page or below. | | |

To Funeral Charges. Total, $ By Cash $

RECEIVED PAYMENT June 29, 1935 JAMES E. CHURCHMAN, Inc. James E. Churchman, Pres.

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Compiled by F. J. FEHRMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 28 Yearly No. 28 Date June 17 1935

Name of Deceased Joan Collins (Single—Married—Divorced) Infant Colored (What Race) Newark N.J. (Where Born)

Residence of Deceased 485 Hunterdon St. Husband—Wife—Widow—or Mother's Infant

Charge to Mrs. Jessie Collins

Address 485 Hunterdon St. Newark

Order given by (or informant)

How Secured

Occupation of Deceased

Name of Employer

Date of Death June 14, 1935 (Date) (Hour)

Date of Birth June 15, 1934

Age 11 (Months) 30 (Days) (Years)

Date of Funeral June 17 Monday (Day of Week) 11 P.M. (Hour)

Services at Essex Co. Isolation Hospital

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U.S. & in City or County) (Years) (Months)

Place of Death Essex County Isolation Hosp

Cause of Death Pertussis

Contributory Causes Broncho Pneumonia

Certifying Physician Andrews & Shapiro (or Coroner)

His Address Belleville N.J.

Name of Father James

His Birthplace Va.

Maiden Name of Mother Jessie Somme

Her Birthplace N Carolina

Motor / Ship } Remains to

Size and Style of Casket 4 ft White Imitation coffin complete (State Color)

Manufactured by Amer Casket Co. of N.J.

Interment at Evergreen Cem { Cemetery / Crematory }

| | |
|---|---|
| Complete Funeral | $ 35 00 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid (State Kind) | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificate No. (Name Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Name of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |
| Entered into Ledger, page or below. | |

Diagram of Lot or Vault: Give card &c. Lg. Sale

Plot No. 3 C. Pl. 9.

Grave No. 21

Row / Section No. 1F

Owner

| | | | | | |
|---|---|---|---|---|---|
| To Funeral Charges. Total, $ | 35 | 00 | June 17 | By Cash ✓ $ | 35 00 |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof.

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 29 Yearly No. 29 Date June 17 1935

Name of Deceased Miss Menna Stephenson (Single – Married – Divorced) Single (What Race) Colored (Where Born) N. Carolina

Residence of Deceased 387 Sheridan St. Orange (Husband – Wife – Daughter) Daughter { William Stephenson

Charge to Mr. William Stephenson

Address 387 Sheridan St. Orange N.J.

Order given by Father (or informant)

How Secured

Occupation of Deceased Factory Hand

Name of Employer

Date of Death June 14, 1935 (Date) 9 P.M. (Hour)

Date of Birth Nov. 3, 1902

Age 32 (Years) 7 (Months) 11 (Days)

Date of Funeral 6/17/35 (Date) Monday (Day of Week) 2 P. (Hour)

Services at St Peter's ~~Union~~ Baptist Church ~~Montclair~~

Clergyman Rev. Ball

His Address Montclair N.J.

Religion of the Deceased Baptist

Resided in the State (or U.S. or City or County) 27 (Years) (Months)

Place of Death 387 Sheridan St. Orange

Cause of Death Pulmonary Tuberculosis

Contributory Causes

Certifying Physician Dr. W. G. Alexander (or Coroner)

His Address Webster Place Orange

Name of Father William Stephenson

His Birthplace N.C.

Maiden Name of Mother Elizabeth Doles

Her Birthplace N.C.

Motor / Ship } Remains to

Size and Style of Casket 6 ft. Silver grey (State Color) Embossed Plush Half Couch

Manufactured by Conte Gen

Interment at Glendale Ann. { Cemetery / Crematory

| Block / Lot No. | 1 |
|---|---|
| Grave No. | 7.5 |
| Section No. | 3 |
| Row | 14 |
| Owner | |

Grave card del. by O.C. Date 6/25/35

Diagram of Lot or Tomb

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 280 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body (State Kind) with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ ... (State Color) Hose, $ | | |
| Underwear, $ ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Badge, $ ... Gloves, $ | | |
| Hearse, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| 2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | 1 | 00 |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Sunday Call (Name of Newspaper) Newspapers | | |
| Flowers, $ ... Rental of Palms, $ | | |
| Rental of Tent, $ ... of Temporary Tomb, $ | | |
| Lowering Device, $ ... Cremation, $ | | |
| Opening of Grave or Tomb | 20 | [illegible] |
| Lining Grave, $ ... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 300 | 00 |
| Less | 2 | 00 |
| Balance | 299 | 00 |

Entered into Ledger, page ... or below.

To Funeral Charges ... Total, $ ... By Cash $

RECEIVED PAYMENT
June 25, 1935
JAMES E. CHURCHMAN, Inc.
James E. Churchman Pres.

Insurance, $ ... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ... Signed

# RECORD OF FUNERAL

Total No. 30 Yearly No. 30 Date July 7th 1935

Name of Deceased Joseph Green (Single—Married—Divorced) Single Colored (What Race) (Where Born)

Husband—Wife—Widow—or of

Residence of Deceased

Charge to Mr. Leroy Green

Address 307 Norfolk St. City 1st floor

Order given by Brother (1st informant)

How Secured

Occupation of Deceased Laborer

Name of Employer

Date of Death June 26, 1935 (Date) (Hour)

Date of Birth Dec. 23, 1914

Age 25 (Years) 7 (Months) 1 (Days)

Date of Funeral July 2, 1935 Tuesday 2P. M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Rev. Fields

His Address Thomas St. City

Religion of the Deceased

Resided in the State (in U.S. or City or County) (Years) (Months)

Place of Death Beth Israel Hospital

Cause of Death Lobar Pneumonia

Contributory Causes

Certifying Physician Hospital Staff (or Coroner)

His Address

Name of Father Lee

His Birthplace

Maiden Name of Mother Permit

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by A. C. Co.

Interment at Rosehill Annex { Cemetery / Crematory

Lot No.

Grave No. 479

Section No. 22

Owner

Diagram of Lot or Vault: Thank card mailed to Mr. Ethel Brown 12/28/37 J. C. G.

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 100 | — |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid (State Kind) | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ Hose, $ | | |
| Underwear, $ Slippers, $ (State Color) | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 125 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| | | | | Date | | | $ | ¢ |
|---|---|---|---|---|---|---|---|---|
| | | To Funeral Charges.. Total, $ | | July | 2 | By Cash | 43 | 60 |
| | | | | Aug | 27 | | 6 | — |
| | | | | | | Balance collected by John R. Custer | | |
| | | | Paid | | | Never accounted for | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 3 1 Yearly No. 31 Date July 7th 1935

Name of Deceased Leroy Jackson (Single—Married—Divorced) Colored (What Race) (Where Born)

Residence of Deceased Husband—Wife—Widow—of

Charge to:

Address

Order given by (or informant)

How Secured

Occupation of Deceased

Name of Employer

Date of Death July 1, 1935 (Date) 7 A.M. (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Rail Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at (Cemetery / Crematory)

| Item | $ |
|---|---|
| Complete Funeral | |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (Brand-Kind) | |
| Embalming Body with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) ... Hose, $ | |
| Underwear, $ ... Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Badge, $ ... Gloves, $ | |
| Hearse, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Division and District) | |
| Certif. Copies of Death Certificate (State Physician's or Coroner's) | |
| Full Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in ... Newspapers | |
| Flowers, $ ... Rental of Palms, $ | |
| Rental of Tent, $ ... of Temporary Tomb, $ | |
| Lowering Device, $ ... Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Auto or Motor Tickets, $ ... Auto Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |

Lot No.

Grave No.

Section No.

Owner

(Diagram of Lot or Vault)

Total Footing of Bill $

Less $

Balance $

Entered into Ledger, page ... or below.

To Funeral Charges. Total, $ — By Cash $

Body Turned over to City For burial. No funds. July 5, 1935

JAMES E. CHURCHMAN, Inc.
James E. Churchman Pres

Insurance, $ ... Names of Lodges

Name of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ... Signed

# RECORD OF FUNERAL

Total No. 30 Yearly No. 30 Date July 2nd 1933

Name of Deceased Joseph Green (Single, Married—Divorced) Single Colored

Residence of Deceased

Charge to Mr. Leroy Green

Address 307 Norfolk St. City 1st floor

Order given by Brother

How Secured

Occupation of Deceased Laborer

Name of Employer

Date of Death June 26, 1933

Date of Birth Dec. 25, 1907

Age 25 (Years) 7 (Months) 1 (Days)

Date of Funeral July 2, 1933 Tuesday 2P M.

Services at Funeral Home

Clergyman Rev. Fields

His Address Thomas St. City

Religion of the Deceased

Resided in the State

Place of Death Beth Israel Hospital

Cause of Death Lobar Pneumonia

Contributory Causes

Certifying Physician Hospital Staff (or Coroner)

His Address

Name of Father Lee

His Birthplace

Maiden Name of Mother Permit

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by A. G. Co.

Interment at Rosehill Cem. { Cemetery / Crematory

Lot No.

Grave No. 499

Section No. 22

Owner

Diagram of Lot or Grade: Grave card [illegible]

| Item | $ | |
|---|---|---|
| Complete Funeral | 100 | |
| Casket | | |
| Metallic Lining | | |
| Outside Box | | |
| Burial Vault | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ Robe, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Stations @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copy of Death Certificate No. | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 125 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ...... or below.

| To Funeral Charges.... Total, $ | | | Date | | | $ | |
|---|---|---|---|---|---|---|---|
| | | | July | 2 | By Cash | 43 | 50 |
| | | | [illegible] | 27 | | 5 | — |
| | | | Balance collected by John R. Carter | | | | |
| | | | Never accounted for | | | | |

Insurance, $ ........ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 31 Yearly No. 31 Date July 2th 1935

Name of Deceased Leroy Jackson (Single—Married—Divorced) Colored (Where Born)

Residence of Deceased ... Husband—Wife—Widow of

Charge to ...

Address ...

Order given by ... Relationship

How Secured ...

Occupation of Deceased ...

Name of Employer ...

Date of Death July 1, 1935 7 AM

Date of Birth ...

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at ...

Clergyman ...

His Address ...

Religion of the Deceased ...

Resided in the State ... (Years) (Months)

Place of Death ...

Cause of Death ...

Contributory Causes ...

Certifying Physician ... (or Coroner)

His Address ...

Name of Father ...

His Birthplace ...

Maiden Name of Mother ...

Her Birthplace ...

Remains to ...

Size and Style of Casket ...

Manufactured by ...

Interment at ... Cemetery / Crematory

Lot No. ...

Grave No. ...

Section No. ...

Owner ...

Diagram of Lot or Vault

Complete Funeral ... $
Casket ...
Metallic Lining ... (State Kind)
Outside Box ... (State Kind)
Burial Vault ... (State Kind)
Embalming Body ... with ... Fluid
Barber, $ ... Hair Dressing, $ ...
Dressing Body ...
Suit or Dress, $ ... Hose, $ ...
Underwear, $ ... Slippers, $ ...
Folding Chairs, $ ... Tarpaulins, $ ...
Candelabrum, $ ... Candles, $ ...
Door Badge, $ ... Gloves, $ ...
Hearse, $ ... Ambulance, $ ...
Limousines to Cemetery ... @ $ ...
Autos to R. R. Station ... @ $ ...
Getting Remains from ...
Taking Remains to ...
Delivering Box to ...
Flowers to ...
Removal Charges ...
Procuring Burial Permit ...
Certif. Copies of Death Certificate No. ...
Pall Bearer Service ...
Personal Service ...
Use of Chapel ...
Outlay for Lot ...
Death Notices in ... Newspapers
Flowers, $ ... Rental of Palms, $ ...
Rental of Tent, $ ... Temporary Tomb, $ ...
Lowering Device, $ ... Cremation, $ ...
Opening of Grave or Tomb ...
Lining Grave, $ ... Matting, $ ...
Outlay for Shipping Charges ...
Clergyman, $ ... Singers, $ ... Organist, $ ...
Railroad or Motor Tickets, $ ... Service, $ ...
Teleg., Phone, Cable or Radio Charges ...
Cash Advanced ...
Out of town Undertaker's Charges ...

Total Footing of Bill ... $
Less ... $
Balance ... $
Entered into Ledger, page ... or below.

To Funeral Charges ... Total, $ ... By Cash ... $

Body turned over to City for burial. No funds. July 5, 1935

JAMES E. CHURCHMAN, Inc.
James E. Churchman Pre.

Insurance, $ ... Names of Lodges ...

Names of Insurance Companies ...

We hereby authorize the above funeral undersigned to pay the expenses thereof ...

Signed ...

Witness ... Signed ...

Compiled by F. J. FRONHEAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 32 Yearly No. 32 Date July 6 1932

Name of Deceased Mrs. Ethel Washington (Single – Married – Divorced) Colored (What Race) Georgia (Where Born)

Residence of Deceased 176 Central Place Orange Husband—Wife—Widow— of

Charge to Mr. Robert Washington

Address #76 Central Place Orange

Order given by Husband (relationship)

How Secured

Occupation of Deceased Housewife

Name of Employer

Date of Death January 28, 1935 (Date) 8 P.M. (Hour)

Date of Birth 6/7/1904

Age (Years) (Months) (Days)

Date of Funeral July 3, Wednesday (Day of Week) 8 P. M. (Hour)

Services at Funeral Home

Clergyman Rev. Neck

His Address Wallace St. Orange NJ

Religion of the Deceased Baptist

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 174 Central Place Orange

Cause of Death Acute Cardiac Dilatation

Contributory Causes

Certifying Physician George P. Olcott Jr. M.D. (or Coroner)

His Address Orange N.J.

Name of Father William Simmons

His Birthplace unknown

Maiden Name of Mother Mary ?

Her Birthplace Georgia

Ship } Remains to Albany

Size and Style of Casket Silver (State Color) grey

H. C.

Manufactured by Conte Inc

Interment at Albany Ga. { Cemetery / Crematory

Diagram of Lot or Tomb

Lot No.

Grave No.

Section No.

Owner

| Item | | |
|---|---|---|
| Complete Funeral | $ 150 | — |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (Name of Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Name of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ 150 | — |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page or below. | | |

| | Date | | | $ | |
|---|---|---|---|---|---|
| To Funeral Charges. Total, $ 150.00 | Jan | 30 | By Cash | 75 | — |
| | | 29 | | 15 | — |
| | | 16 | J. C. C. | 20 | — |
| | Paid | | | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 33 Yearly No. 33 Date Aug 8th 1935

Name of Deceased Lillie Etheridge (Single—Married) Col (When Born) Ala (Where Born)

Residence of Deceased 202 Broome St. Husband—Wife—Widow

Charge to Mrs. Hannah McAllister

Address 202 Broome St. Nwk

Order given by Mrs. Hannah McAllister

How Secured Telephone

Occupation of Deceased Housewife

Name of Employer

Date of Death July

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or Country) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at { Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ |
|---|---|
| Complete Funeral | 225 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body (State Kind) with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (Make—Number) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery 2 @ $10.00 | 20 |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | 25 |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced doctors papers | 2 |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | 272.00 |
| Less | |
| Balance | 272 |

Entered into Ledger, page or below.

| | | | | | |
|---|---|---|---|---|---|
| | | To Funeral Charges. Total, $ | 272 | By Cash $ | |
| | | | | Cash | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 34 Yearly No. 34 Date Aug 9th 1935

Name of Deceased Mr. Joseph Parker Col'd

Residence of Deceased 68 Somerset St.

Charge to

Address

Order given by (or Informant)

How Secured

Occupation of Deceased

Name of Employer

Date of Death July 21 - 1935

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

| Item | $ |
|---|---|
| Complete Funeral | 150 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ Hose $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | 25 |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | 175 |
| Less | |
| Balance | 175 |

Entered into Ledger, page ...... or below.

To Funeral Charges ... Total, $ 175

By Cash $

RECEIVED PAYMENT
July 23, 1935

JAMES E. CHURCHMAN, JR.
James E. Churchman, Pres.

Insurance, $ ...... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ...... Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 35 Yearly No. 35 Date Aug 8th 1935

Name of Deceased Mr. Jessie Sledge (Single—Married—Divorced) (What Race) (Where Born)

Residence of Deceased Husband—Wife—Widow—

Charge to

Address

Order given by (or informant)

How Secured

Occupation of Deceased

Name of Employer

Date of Death July 27th 1935 (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at { Cemetery / Crematory }

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (From Physician's or Coroner) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aero-plane Service, $ | 15 | 68 |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | 10 | |
| Out of town Undertaker's Charges Thomas Colfield Enfield, N.C. | 23 | |
| Total Footing of Bill | 198 | 68 |
| Less | | |
| Balance | 198 | 68 |
| Entered into Ledger, page or below. | | |

| | $ | ¢ | | $ |
|---|---|---|---|---|
| To Funeral Charges. Total, | 198 | 68 | By Cash | |

RECEIVED PAYMENT
Aug 2. 1935
JAMES E. CHURCHMAN
James E. Churchman, Pres.

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FENNEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 36 Yearly No. 36 Date Aug 8 1935

Name of Deceased Mrs. Rhoda Watkins (Single – Married – Divorced) Col (What Race) (Where Born)

Residence of Deceased 179 Oakwood Pl. Org. Husband – Wife – Widow – or – of

Charge to Rev. W. T. Watkins

Address

Order given by (or informant)

How Secured

Occupation of Deceased

Name of Employer

Date of Death July 1935 (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Rosedale { Cemetery / Crematory

Lot 192 1 Gr

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | 450 | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery Flower car | 8 | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Deceased) | | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | 5 | 30 |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 463 | 30 |
| Less | | |
| Balance | 463 | 30 |

Entered into Ledger, page or below.

| To Funeral Charges. | Total, $ 463 30 | By Cash | $ |
|---|---|---|---|
| | Paid | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 37 Yearly No. 37 Date Aug 8 1935

Name of Deceased Dannie Hargrove (Single—Married—Widowed) Col (What Race) (Where Born)

Residence of Deceased 124 Prince St. Nuk Husband—Wife—Widow—of

Charge to

Address

Order given by (or informant)

How Secured

Occupation of Deceased

Name of Employer

Date of Death July 17. 1935 (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased

Burial in the State (of U. S. or City or County) (Year) (Month)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at (Cemetery / Crematory)

Lot No.

Grave No.

Section No.

Diagram of Lot or Plot — Owner

| Item | Amount |
|---|---|
| Complete Funeral | $ 160 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Auto Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | 160 |
| Less | |
| Balance | $ 160 |

Entered into Ledger, page or below.

| | | | |
|---|---|---|---|
| To Funeral Charges | Total, $ 160 | By Cash | $ |

RECEIVED PAYMENT July 16 1935 JAMES E. HUTCHMAN

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FRINKMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 38 Yearly No. 38 Date Aug 8 1935

Name of Deceased Annie Giffen (Col)

Residence of Deceased 216 Charlton St

Charge to Mrs. Julia Lee

Address 216 Charlton St.

Order given by

How Secured

Occupation of Deceased

Name of Employer

Date of Death July 17 1935

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral July 20 1935

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Rosehill { Cemetery / Crematory

Grave certificate mailed 1/8/37 F.E.C. (Diagram of Lot or Tomb)

Lot No.

Grave No. 775

Section No. 22

Owner

| Item | $ |
|---|---|
| Complete Funeral | 150 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | 25 |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | 175 |
| Less | |
| Balance | 175 |

Entered into Ledger, page ...... or below.

| | To Funeral Charges. Total, $ | 175 | By Cash | $ |
|---|---|---|---|---|
| | | | RECEIVED PAYMENT July 26. 1935 | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F J PENNEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 37 Yearly No. 39 Date Aug 8 19 35

Name of Deceased Beatrice Jackson

Residence of Deceased 31 Mitton St.

Charge to Mrs. Ella Jones (sister)

Address 14 Chaddo & Lemmon St.

Order given by Sister

How Secured Family

Occupation of Deceased

Name of Employer

Date of Death July 24 1935

Date of Birth

Age

Date of Funeral Jan 27th Sat.

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased Methodist

Resided in the State

Place of Death Essex Mt. Sam. Vincent

Cause of Death

Contributory Causes

Certifying Physician

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Remains to

Size and Style of Casket

Manufactured by

Interment at Rosehill Cem. Cemetery / Crematory

Lot No.

Grave No. 244

Section No. 22

Owner

| Item | Amount |
|---|---|
| Complete Funeral | $ 125 |
| Casket | |
| Metallic Lining | |
| Outside Box | |
| Burial Vault | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificates No. | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notice in Newspapers | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | $ 125 |
| Less | $ |
| Balance | $ 125 |

Entered into Ledger, page or below.

To Funeral Charges....Total, $ 125

By Cash $

RECEIVED PAYMENT Aug 8 1935

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness Signed

Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 38  Yearly No. 31  Date Aug 8 1935

Name of Deceased Carrie Griffin (Col)

Residence of Deceased 214 Charlton St

Charge to Mrs. Julia Lee

Address 2 Charlton St.

Order given by

How Secured

Occupation of Deceased

Name of Employer

Date of Death July 17 1935

Date of Birth

Age

Date of Funeral July 20, 1935

Services at:

Clergyman

His Address

Religion of the Deceased

Resided in the State

Place of Death

Cause of Death

Contributory Causes

Certifying Physician

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Rockhill { Cemetery / Crematory

Grave certificate mailed 1/13/37 J.E.C.

Diagram of Lot or Vault

Lot No.

Grave No. 775

Section No. 22

Owner

| Item | $ |
|---|---|
| Complete Funeral | 150 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | 25 |
| Opening of Grave or Tomb | |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | 175 |
| Less | |
| Balance | 175 |

Entered into Ledger, page ... or below.

To Funeral Charges. Total, $ 175

By Cash $

RECEIVED PAYMENT July 26. 1935

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof.

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 39 Yearly No. 39 Date Aug 1 19 35

Name of Deceased Beatrice Jackson (Single, Married, Divorced) (What Race) (Where Born)

Residence of Deceased 1915 Chatton St. [illegible]

Charge to Mrs. Ella Jones (Sister)

Address 1915 Chatton St. [illegible]

Order given by Sister (Relationship)

How Secured [illegible]

Occupation of Deceased

Name of Employer

Date of Death July 24 1935 (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral Aug 2nd Sat (Date) (Day of Week) (Hour) M.

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased Methodist

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death Cass [illegible]

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Rosehill Cem. { Cemetery / Crematory

Grave dug [illegible] 7/31/35 [illegible] $8.00

Diagram of Lot or Vault

Lot No.

Grave No. 249

Section No. 22

Owner

| Item | $ |
|---|---|
| Complete Funeral | 125 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (from Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers | |
| (Number of Papers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | 125 |
| Balance | 125 |

Entered into Ledger, page or below.

To Funeral Charges Total, $ 125

By Cash $

RECEIVED PAYMENT Aug 1 1935 JAMES E. CHILDRESS [illegible]

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 42 Yearly No. 42 Date Aug 8 1935

Name of Deceased [illegible] Mokry Col'd Petersburg-Va. (What Race) (Where Born)

(Single – Married – Divorced) Husband – Wife – Widow of wife

Residence of Deceased 169 Lockwood Place

Charge to Harriet E. Mokry

Address 169 Lockwood Place

Order given by Harriet E. Mokry

How Secured telephone

Occupation of Deceased Stationery Engineer

Name of Employer Chemical Plant

Date of Death Aug. 31. 1935.

Date of Birth Dec 25. 1859

Age 76 (Years) (Months) (Days)

Date of Funeral Aug. 3. 1935 Sat (Date) (Day of Week) (Hour)

Services at Union Bapt Ch.

Clergyman Rev [illegible] Hughes

His Address Lockwood Ave

Religion of the Deceased Baptiste

Resided in the State (In U.S. or City or County) (Years) (Months)

Place of Death 169 Lockwood Pl.

Cause of Death Arteriosclerosis

Contributory Causes

Certifying Physician Dr. F. S. Hargrave

His Address Webster Groves Mo.

Name of Father William Mokry

His Birthplace Virginia

Maiden Name of Mother

Her Birthplace Virginia

Motor / Ship } Remains to

Size and Style of Casket 6 ft 5" half couch (Shade Color) Bronze finish – [illegible]

Manufactured by F. Conti Ind

Interment at Rosedale Cem. { Cemetery / Crematory

Grave Card delivered Aug 1 by Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| | | |
|---|---|---|
| Complete Funeral | $ 535 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ Hose, $ (State Colors) | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery Flower Car | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance | $ | |

Entered into Ledger, page or below.

| To Funeral Charges. | Total, $ | | By Cash | $ |
|---|---|---|---|---|
| | | Cash | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. Frineman, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 41 Yearly No. 47 Date Aug 8 19 35

Name of Deceased Edward W. Johnstone (Single—Married—Divorced) Col. (What Race) (Where Born)

Husband—Wife—Widow wife or wife

Residence of Deceased

Charge to Elizabeth Johnstone

Address 287 Amherst St. E.O.

Order given by wife

How Secured telephone

Occupation of Deceased Porter

Name of Employer Worthington Pump Works

Date of Death Aug 1-1935

Date of Birth Dec. 25-1858

Age 73 (Years) (Months) (Days)

Date of Funeral Aug 5-935 Mon. (Date) (Day of Week) (Hour)

Services at Providence, R. I.

Clergyman Rev. Hays

His Address Newark N.J.

Religion of the Deceased Baptist

Resided in the State

Place of Death St. Michael Hosp

Cause of Death Arteriosclerosis

Contributory Causes Old Age

Certifying Physician Hospital staff

His Address High St. Newark

Name of Father William Johnstone

His Birthplace

Maiden Name of Mother Elizabeth

Her Birthplace

Motor / Ship } Remains to Providence R.I.

Size and Style of Casket 6 ft half couch (Give Color) Chestnut grey

Manufactured by R. Conte, Inc

Interment at Providence, R.I. { Cemetery / Crematory

Diagram of Lot or Vault: Richmond Ave

Lot No.

Grave No.

Section No.

Owner

| Item | Amount |
|---|---|
| Complete Funeral | $ 200 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | 50 |
| Burial Vault (State Kind) | |
| Embalming Body, with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Turpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service Ar. Emb. & etc. | 105 |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | 2 |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | $ 357 |
| Less | $ |
| Balance | $ 357 00 |

Entered into Ledger, page or below.

To Funeral Charges . . . Total, $ 357 00 Paid

By Cash $

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 42 Yearly No. 42 Date Aug 8 1935

Name of Deceased Evelyn Goddy (Single, Married or Divorced) Col (What Race) (Where Born)

Residence of Deceased 167 Livingstone St. Husband—Wife—Widow or of | 3

Charge to Mrs. Lucille Anderson

Address 167 Livingstone St

Order given by mother

How Secured Telephone

Occupation of Deceased Housewife

Name of Employer none

Date of Death Aug 4 - 1935 (Hour)

Date of Birth 1915

Age 20 (Years) (Months) (Days)

Date of Funeral Aug 7 - 1935 (Date) (Day of Week) (Hour) M.

Services at Funeral Home 60 & 7 Hig

Clergyman Rev. Lawrence

His Address

Religion of the Deceased Baptist

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death City Hospital

Cause of Death Premature Birth

Contributory Causes

Certifying Physician Hospital staff (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother Lucille Hunter

Her Birthplace

Motor / Ship } Remains to Rosehill Cem Linden

Size and Style of Casket square end

Cut top Silver Gray Cloth (State Color)

Manufactured by American Caskets

Interment at Rosehill Cem { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 150 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | 10 |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and Charge) | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | 25 |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | 185 |
| Less | |
| Balance | 185 |

Entered into Ledger, page ... or below.

| | | |
|---|---|---|
| To Funeral Charges. Total, $ 185 | By Cash $ | Paid |

Insurance, $ .......... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FREESMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 43 Yearly No. 43 Date Aug 8 - 1935 19

Name of Deceased Colman Oakman (Single – Married – Divorced) Col (What Race) (Where Born)

Residence of Deceased 236 Broome St Nwk Husband—Wife—Widow—or wife of

Charge to Estelle Oakman

Address 236 Broome St. Nwk

Order given by wife

How Secured Telephone

Occupation of Deceased Laborer

Name of Employer ✓

Date of Death Aug 5 - 1935

Date of Birth April 13 - 1907

Age 28 (Years) (Months) (Days)

Date of Funeral Aug 8 Sat - (Date) (Day of Week) M. (Hour)

Services at Funeral Home 607 High

Clergyman

His Address

Religion of the Deceased Baptist

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death 236 Broome St Nwk

Cause of Death Endocarditis

Contributory Causes

Certifying Physician Dr. J. E. Bell

His Address Belmont Ave (or County)

Name of Father Colman Oakman

His Birthplace S.C.

Maiden Name of Mother Bertha

Her Birthplace S.C.

Motor / Ship } Remains to ✓

Size and Style of Casket Square head- ext top silver grey cloth

Manufactured by Newark Cas. Co.

Interment at Rosehill Cem (Cemetery / Crematory)

Grave Certificate mailed 8/8/35 J. E. C.

(Diagram of Lot or Tomb)

Lot No.

Grave No. 750

Section No. 22

Owner

| Item | $ |
|---|---|
| Complete Funeral | 150 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | 10 |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | 25 |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | 185 |
| Less | |
| Balance | 185 |

Entered into Ledger, page ... or below.

| | To Funeral Charges.. Total, $ | 185 | 00 | | By Cash | $ |
|---|---|---|---|---|---|---|
| | | | | | Cash | |

Insurance, $ ... Names of Lodges ...

Names of Insurance Companies ...

We hereby authorize the above funeral and agree to pay the expenses thereof ...

Signed: ...

Witness ... Signed ...

Compiled by F. J. FRESHMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 44 Yearly No. 44 Date Aug 11 1935

Name of Deceased Eliza Wiggins (Divorced) Col (What Race) Va (Where Born)

Residence of Deceased 177½ Pennsylvania Ave. Husband—Wife—Widow— or of

Charge to Virginia Wiggins

Address 177½ Penna. Ave.

Order given by Virginia Wiggins (Relationship)

How Secured telephone

Occupation of Deceased pupil

Name of Employer

Date of Death Aug 10 1935

Date of Birth May 7 1922

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Killen Wiggins

His Birthplace Va

Maiden Name of Mother Virginia Wiggins

Her Birthplace Va

Motor / Ship } Remains to

Size and Style of Casket 5ft 9" white (State Color) line outside enclosure

Manufactured by American Casket Co.

Interment at Rosehill Cem. { Cemetery / Crematory

Lot No. 776

Grave No. 776

Section No. 22

Owner

| | |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ 120.00 |
| Entered into Ledger, page or below. | |

| To Funeral Charges | Total, $ 120 | By Cash | $ |
|---|---|---|---|

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 45 Yearly No. 45 Date Aug. 16 1925

Name of Deceased Clarence Davis (Single—Married—Divorced) Col. (What Race) (Where Born)

Residence of Deceased Prince St. Harrison, N.J. Husband—Wife—Widow of

Charge to Georgia Davis

Address ~~Harrison~~, N.J. Prince St. Newark

Order given by Georgia Davis

How Secured telephone

Occupation of Deceased school

Name of Employer

Date of Death Aug 13 - 1925

Date of Birth April 1 - 1926 (Year)

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at Rosehill Cem.

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Harrison N.J.

Cause of Death Railroad accident

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Clarence Davis

His Birthplace Georgia

Maiden Name of Mother Georgia Davis

Her Birthplace Alabama

Motor / Ship } Remains to

Size and Style of Casket Cut top - white 4 ft. plus outside (Name Case) 4 pl.

Manufactured by American Casket

Interment at Rosehill Cem. (Cemetery / Crematory)

Lot No.

Grave No. 129

Section No. 22

Owner

Diagram of Lot or Vault

| | | |
|---|---|---|
| Complete Funeral | | |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (Name Physician or Coroner) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance | $ | 110 |

Entered into Ledger, page or below.

| | | | |
|---|---|---|---|
| To Funeral Charges. Total, $ | 110 | By Cash | $ |
| | Paid | | |

Insurance, $ Name of Lodges

Name of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 45 Yearly No. 46 Date Aug 29 1935

Name of Deceased Emma Stevenson (Single—Married—Divorced) Col. (What Race) Va (Where Born)

Residence of Deceased 390 Sheridan St. City (Husband—Wife—Widow of)

Charge to Harry Stevenson

Address 390 Sheridan St

Order given by Harry Stevenson (or informant)

How Secured Telephone

Occupation of Deceased Housewife

Name of Employer

Date of Death Aug 20 - 1935 (Date) (Hour)

Date of Birth

Age 22 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State 7 yrs. (or U. S. if of Foreign Country) (Years) (Months)

Place of Death Orange Memorial Hosp.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Robert Thomas

His Birthplace Va

Maiden Name of Mother Clara Thomas

Her Birthplace Va

Motor/Ship } Remains to Va

Size and Style of Casket 6 ft. (State Color)

Fine outside End

Manufactured by American Casket

Interment at { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral $

Casket

Metallic Lining (State Kind)

Outside Box (State Kind)

Burial Vault (State Kind)

Embalming Body with Fluid

Barber, $ Hair Dressing, $

Dressing Body

Suit or Dress, $ (State Color) Hose, $

Underwear, $ Slippers, $

Folding Chairs, $ Tarpaulin, $

Candelabrum, $ Candles, $

Door Badge, $ Gloves, $

Hearse, $ Ambulance, $

Limousines to Cemetery @ $

Autos to R. R. Station @ $

Getting Remains from

Taking Remains to

Delivering Box to

Flowers to

Removal Charges

Procuring Burial Permit (State Number and Date)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service

Personal Service

Use of Chapel

Outlay for Lot

Death Notices in Newspapers (Names of Newspapers)

Flowers, $ Rental of Palms, $

Rental of Tent, $ of Temporary Tomb, $

Lowering Device, $ Cremation, $

Opening of Grave or Tomb

Lining Grave, $ Matting, $

Outlay for Shipping Charges

Clergyman, $ Singers, $ Organist, $

Railroad or Motor } Tickets, $ Aeroplane Service, $

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Total Footing of Bill $

Less $

Balance $ 100

Entered into Ledger, page or below.

| To Funeral Charges. Total, $ | 100 | By Cash | $ |
|---|---|---|---|

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 47 Yearly No. 47 Date Aug 20 1935

Name of Deceased Elizabeth Kuyck (Single — Married — Divorced) Col (What Race) (Where Born)

Residence of Deceased 682 High St Nwk. Husband—Wife—Widow of

Charge to

Address

Order given by (or informant)

How Secured

Occupation of Deceased Domestic

Name of Employer

Date of Death (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Ala

His Birthplace Ala

Maiden Name of Mother

Her Birthplace Ala

Motor / Ship } Remains to Ala

Size and Style of Casket 6 ft Grey plush (Open Style)

American Casket

Manufactured by

Interment at Ala { Cemetery / Crematory

| Charges | | |
|---|---|---|
| Complete Funeral | $ | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificate No. (State Number and District) (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance | $ | |

Lot No.

Grave No.

Section No.

Diagram of Lot or Vault

Owner

Entered into Ledger, page or below.

| To Funeral Charges. Total, $ | By Cash | $ 7.00 |
|---|---|---|

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof.

Signed

Witness Signed

Compiled by F. S. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 48 Yearly No. 48 Date Aug 26 1935

Name of Deceased Mary Lee (Single — Married — Divorced) Col'd (White Race) (White Born)

Residence of Deceased 194 Ockwood Ave Bhg. Husband—Wife—Widow of

Charge to Rubin Lee

Address 194 Ockwood Ave

Order given by Rubin Lee

How Secured Telephone (Informant)

Occupation of Deceased

Name of Employer

Date of Death Aug 24 1935

Date of Birth March 13 1915 (Date) (Year)

Age 20 yrs. (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (in U. S. or City & County) (Years) (Months)

Place of Death Fiesel Mt. Sanitorium

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Elijah Lee

His Birthplace Ala

Maiden Name of Mother Dora Lee

Her Birthplace Thompson, Ala

Motor / Ship } Remains to

Size and Style of Casket Pine - Grey - out side enclosure (State Color)

Manufactured by

Interment at Glendale Cemt (Cemetery / Crematory)

Lot No.

Grave No. 56

Section No. 3

Diagram of Lot or Section — Owner Row 18 - Brick

| | |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ 185 |
| Entered into Ledger, page or below. | |

| To Funeral Charges. Total, $ | 185 | By Cash | $ |
|---|---|---|---|
| | | Paid | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. WEINEMAN, St. Louis, Mo

# RECORD OF FUNERAL

Total No. 41 Yearly No. 49 Date Aug 29 1935

Name of Deceased William Jones (Male) Col (What Race) Ga (Where Born)

Residence of Deceased

Charge to: John Jones

Address Montgomery St

Order given by

How Secured

Occupation of Deceased

Name of Employer

Date of Death Aug 27 1935

Date of Birth July 3 1932

Age 3 (Years) (Months) (Days)

Date of Funeral Aug 29 1935 M.

Services at Evergreen Cem

Clergyman

His Address

Religion of the Deceased

Resided in the State

Place of Death Beck Israel Hosp

Cause of Death

Contributory Causes

Certifying Physician

His Address

Name of Father John Jones

His Birthplace Ga

Maiden Name of Mother Fannie Jones

Her Birthplace Georgia

Motor / Ship } Remains to

Size and Style of Casket

Manufactured by

Interment at { Cemetery / Crematory

Lot No.

Grave No. 46

Section No.

Owner

Row H. Plot 4 C.P.G.

| Item | $ |
|---|---|
| Complete Funeral | |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificates No. | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | |
| Less | |
| Balance | 50 |

Entered into Ledger, page or below.

| | To Funeral Charges. Total, $ | 50 | By Cash | $ |
|---|---|---|---|---|

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. Fiebiger, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 50 Yearly No. 50 Date ........ 19....

Name of Deceased Mr. William Mathews (Single — Married — Widowed) Colored (What Race) Va (Where Born)

Residence of Deceased 2 & 8 Linden Ave. E. Or. Husband—Wife—Widow of Mary

Charge to Mrs. E. Hicks (Sister)

Address

Order given by Mrs E. Hicks (or informant)

How Secured

Occupation of Deceased Coal Driver

Name of Employer Roberts Coal Co.

Date of Death Sept 3, 1935 (Hour)

Date of Birth March 8, 1871

Age (Years) (Months) (Days)

Date of Funeral (Date) Wednesday (Day of Week) 2 P. (Hour) M.

Services at Funeral Home (at Hight)

Clergyman Rev. C. M. Long

His Address Linton St. E. Or. N.J.

Religion of the Deceased Baptist

Resided in the State (in U.S. or City or County) (Years) (Months)

Place of Death Essex Co. Hospital Cedar Grove

Cause of Death See Permit

Contributory Causes

Certifying Physician Hospital (or Coroner)

His Address Overbrook N.J.

Name of Father Spencer Mathews

His Birthplace Va

Maiden Name of Mother Sarah Harris

Her Birthplace Va

Motor / Ship } Remains to

Size and Style of Casket Chestnut Half Couch hinged top (State Color)

Manufactured by

Interment at Rosedale Cem. { Cemetery / Crematory

| Diagram of Lot or Vault | |
|---|---|
| Sec 10<br>Row 3<br>Grave 9 | Lot No.<br>Grave No.<br>Section No.<br>Owner |

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 225 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | 10 | 00 |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | 89 | 00 |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 324 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ...... or below.

To Funeral Charges.. Total, $ By Cash

RECEIVED PAYMENT 9/9/36 JAMES E. CHURCHMAN, Inc. J. E. Churchman

Insurance, $ ........ Names of Lodges ........

Names of Insurance Companies ........

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed ........

Witness ........ Signed ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 51 Yearly No. 51 Date 19

Name of Deceased Mrs. Elizabeth Lyon Reaks (Single—Married—Divorced) Colored (What Race) Tenn (Where Born)

Residence of Deceased 46 Attor St. Newark Husband—Wife—Widow or Widower of Claude Reaks

Charge to: Claude Reaks

Address

Order given by Mrs. Claude Reaks (or informant)

How Secured

Occupation of Deceased Housework

Name of Employer

Date of Death (Date) (Month)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship Remains to Bristol Tenn

Size and Style of Casket Cut top silver gray

Manufactured by

Interment at Bristol Tenn (Cemetery / Crematory)

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ | |
|---|---|---|
| Complete Funeral | 185 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) Pine furnished | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to Penn Depot | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 185 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| To Funeral Charges. | Total, $ | By Cash |
|---|---|---|
| | | |

Insurance, $ Names of Lodges

Names of Insurance Companies Washington Ins Co. child of Mrs ex. named Beneficiary $[illegible]

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by E. J. [illegible], St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 52 Yearly No. 52 Date 19

Name of Deceased Mrs. Henrietta Saunders (Single — Married — Divorced) Colored (What Race) (Where Born)

Residence of Deceased Husband—Wife—Widow— of

Charge to Mr. William Saunders

Address 8 Seymour Ave Summit N.J. P.O. Box 153

Order given by (or informant)

How Secured

Occupation of Deceased

Name of Employer

Date of Death Sept. 9th 1933 (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at { Cemetery / Crematory

(Diagram of Lot or Tomb)

Lot No.

Grave No.

Section No.

Owner

| | $ | |
|---|---|---|
| Complete Funeral | 100 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dresser | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page or below. | | |

| | | To Funeral Charges. Total, $ | | | | | By Cash. $ | 25 | 00 |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | on acct | | |
| | | | | | | | on acct | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 53 Yearly No. 53 Date 19

Name of Deceased Fannie Fables (Single — Married — Divorced) Colored (What Race) (Where Born)

Residence of Deceased 124 Broome (Husband—Wife—Widow) Child of John Fables

Charge to Mr John Fables

Address 124 Broome St. N. J.

Order given by Mr. John Fables (or informant)

How Secured

Occupation of Deceased

Name of Employer

Date of Death (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket White Lambskin (State Color) Cut. top. coffin

Manufactured by

Interment at Holy Cross Arlington N. J. Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 85 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Station) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | | |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below. | | |

| | | To Funeral Charges....Total, $ | | | By Cash | $ | |
|---|---|---|---|---|---|---|---|
| | | | | | | 20 | 00 |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorise the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEHRMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 54 Yearly No. 54 Date ... 19...

Name of Deceased Mrs. Fra[illegible] Henry (Single, Married, Divorced) Colored (Color) (Where Born)

Residence of Deceased 53 N. Clinton St. E. O. Husband—Wife—Widow | Nathan Henry

Charge to: Estate, Mrs. Hattie Brown [illegible]

Address Clinton St. E. Orange

Order given by Mrs. Hattie Brown (or informant)

How Secured Telephone

Occupation of Deceased H. W.

Name of Employer

Date of Death Sept. 8th 1933 (Date) (Hour)

Date of Birth

Age about 49 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at Mt. Olivet Baptist Church

Clergyman Rev. R. J. Terrell

His Address N. Clinton St. E. Orange

Religion of the Deceased Baptist

Resided in the State 2 years (or U. S. or City or County) (Years) (Months)

Place of Death 53 N. Clinton St. E. Orange

Cause of Death

Contributory Causes

Certifying Physician Dr. Coleman (or Coroner)

His Address No. Clinton St. E. O.

Name of Father Jacob Prede

His Birthplace Va.

Maiden Name of Mother Anna ?

Her Birthplace Va.

Motor / Ship } Remains to Phila. Pa. Eden Cem.

Size and Style of Casket (State Color)

Manufactured by

Interment at { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

| | $ | |
|---|---|---|
| Complete Funeral | 184 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | | |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

| | | | | | | | $ | |
|---|---|---|---|---|---|---|---|---|
| | | To Funeral Charges. Total, $ — Paid | | | | By Cash | 29 | 79 |
| | | | | | | on account | 16 | 00 |
| | | | | Feb. | 27 | | 35 | 00 |
| | | | | May | 26 | | 16 | 00 |
| | | | | June | 7 | | 10 | 00 |
| | | | | July | 18 | | 8 | 00 |
| | | | | Aug. | 24 | | 12 | 00 |
| | | | | Mar. | 26 | | 20 | 00 |

Insurance, $ ... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ... Signed

# RECORD OF FUNERAL

Total No. 55 Yearly No. 55 Date 19

Name of Deceased Mr. Jekiel Fields (Single — Married — Divorced) widow Colored N. J. (When Born) (Where Born)

Residence of Deceased St. Orange N J Husband—Wife—Widow of Mrs. Mary L. Fields

Charge to: Mrs. Mary L. Fields

Address Oakwood Ave. Orange

Order given by (or Informant)

How Secured

Occupation of Deceased

Name of Employer

Date of Death (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral 7 1935 (Date) (Day of Week) (Hour)

Services at St. Pauls A. M. E. Church

Clergyman Rev. H. H. Thomas

His Address Orange N. J.

Religion of the Deceased Baptist Methodist

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Class)

Manufactured by

Interment at Glendale (Cemetery / Mausoleum)

Block
Lot No. 1
Row 14
Grave No. 9.1
Section No. 3
Owner

Diagram of Lot or Tomb

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 357 | 50 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming with (State Kind) | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (Style Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 55 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 412 | 50 |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below. | | |

| | To Funeral Charges Total, $ | By Cash | $ | ¢ |
|---|---|---|---|---|
| | | | 13 | 40 |
| | | | 377 | 50 |

RECEIVED PAYMENT 9/25/35 JAMES E. CHURCHMAN, Inc. J. E. C. Pres.

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 56 Yearly No. 56 Date 19

Name of Deceased Mrs [illegible] (Single—Married—Divorced) (What Race) (Where Born)

Residence of Deceased Husband—Wife—Widow—or

Charge to

Address

Order given by (or informant)

How Secured

Occupation of Deceased

Name of Employer

Date of Death (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at { Cemetery / Crematory

Diagram of Lot or Tomb

Lot No.

Grave No.

Section No.

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 69 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill $ | 219 | 00 |
| Less $ | | |
| Balance $ | | |

Entered into Ledger, page or below.

| To Funeral Charges. Total, $ | | By Cash. $ |
|---|---|---|
| | RECEIVED PAYMENT 10/07/1935 [illegible]MES L. CHURCHMAN, Inc. | |

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Claim

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 57 Yearly No. 57 Date 19

Name of Deceased Mr. Harvey Freeman (Single—Married—Divorced) Colored (What Race) (Where Born)

Residence of Deceased E. Orange, N. J. Husband—Wife—Widow

Charge to

Address

Order given by Mrs. J. C. Carhuff (or Informant)

How Secured

Occupation of Deceased

Name of Employer

Date of Death Sept. 25, 1930 (Date) (Hour)

Date of Birth

Age 62 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased:

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor/Ship } Remains to Mt. Holly Springs Pa.

Size and Style of Casket Hinged Panel Cut top walnut (State Color)

Manufactured by

Interment at { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | $ 300 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telgr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ 300 | 00 |
| Less | $ | |
| Balance | $ | |

Entered into Ledger, page ...... or below.

To Funeral Charges.. Total, $ By Cash $

RECEIVED PAYMENT 10/16/30 JAMES E. CHURCHMAN, Inc. J. E. C. Pres.

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Claim

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by E. J. Fenneman, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 58 Yearly No. 58 Date 19...

Name of Deceased Mrs. Carry Snyder (Male—Married—Divorced) Colored S. C. (What Race) (Where Born)

Residence of Deceased 73 Pavington St. Nork Husband—Wife—Widow of David Snyder

Charge to Mrs. Sarah Glenn

Address

Order given by (or informant)

How Secured

Occupation of Deceased

Name of Employer

Date of Death Oct. 1935 (Hour)

Date of Birth April 7. 1902

Age 33 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father John Halls

His Birthplace S. C.

Maiden Name of Mother Malenda Artis

Her Birthplace S. C.

Motor / Ship } Remains to

Size and Style of Casket Silver grey (State Color) Cut. panel

Manufactured by

Interment at Rosehill Cem. (Cemetery / Crematory)

Lot No.

Grave No. 807

Section No. 22

Owner

Diagram of Lot or Vault

| | | $ | |
|---|---|---|---|
| Complete Funeral | | 150 | 00 |
| Casket | | | |
| Metallic Lining | | | |
| Outside Box (State Kind) | | | |
| Burial Vault (State Kind) | | | |
| Embalming Body with (State Kind) Fluid | | | |
| Barber, $ Hair Dressing, $ | | | |
| Dressing Body | | | |
| Suit or Dress, $ (State Color) Hose, $ | | | |
| Underwear, $ Slippers, $ | | | |
| Folding Chairs, $ Tarpaulin, $ | | | |
| Candelabrum, $ Candles, $ | | | |
| Door Badge, $ Gloves, $ | | | |
| Hearse, $ Ambulance, $ | | | |
| Limousines to Cemetery @ $ | Extra | 10 | 00 |
| Autos to R. R. Station @ $ | | | |
| Getting Remains from | | | |
| Taking Remains to | | | |
| Delivering Box to | | | |
| Flowers to | | | |
| Removal Charges | | | |
| Procuring Burial Permit (State Number and Charge) | | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | | |
| Pall Bearer Service | | | |
| Personal Service | | | |
| Use of Chapel | | | |
| Outlay for Lot | | | |
| Death Notices in Newspapers (Names of Newspapers) | | | |
| Flowers, $ Rental of Palms, $ | | | |
| Rental of Tent, $ of Temporary Tomb, $ | | | |
| Lowering Device, $ Cremation, $ | | | |
| Opening of Grave or Tomb | | | |
| Lining Grave, $ Matting, $ | | | |
| Outlay for Shipping Charges | | | |
| Clergyman, $ Singers, $ Organist, $ | | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | | |
| Telegr., Phone, Cable or Radio Charges | | | |
| Cash Advanced | | | |
| Out of town Undertaker's Charges | | | |
| Total Footing of Bill | | 180 | 00 |
| Less | | | |
| Balance | | | |
| Entered into Ledger, page or below. | | | |

To Funeral Charges. Total $ By Cash $

RECEIVED PAYMENT
JAMES ... INC.
J. E. C. Pres.

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Claim

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 79 Yearly No. 59 Date 19

Name of Deceased Mrs. Elizabeth Thomas (Single – Married – Divorced) Colored (What Race) Ga. (Where Born)

Residence of Deceased 240 Prince St. Husband – Wife – Widower } George Thomas

Charge to Mr. George Thomas

Address 240 Prince St Nwk N J

Order given by (or otherwise)

How Secured

Occupation of Deceased

Name of Employer

Date of Death Oct. 1, 1933 (Date) (Hour)

Date of Birth

Age 97 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 240 Prince St.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father unknown

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket Silver Grey (State Size)

Half couch

Manufactured by

Interment at Rosehill { Cemetery / Crematory

[Diagram of Lot or Tomb: Same certificate mailed to Mr Thomas 1/8/1931 J.E.C.]

Lot No.

Grave No. 799

Section No. 22

Owner

| | | | |
|---|---|---|---|
| Complete Funeral | | $ 237 | 00 |
| Casket | | | |
| Metallic Lining | | | |
| Outside Box (State Kind) | | | |
| Burial Vault (State Kind) | | | |
| Embalming Body with (State Kind) Fluid | | | |
| Barber, $ Hair Dressing, $ | | | |
| Dressing Body | | | |
| Suit or Dress, $ (State Color) Hose, $ | | | |
| Underwear, $ Slippers, $ | | | |
| Folding Chairs, $ Tarpaulin, $ | | | |
| Candelabrum, $ Candles, $ | | | |
| Door Badge, $ Gloves, $ | | | |
| Hearse, $ Ambulance, $ | | | |
| Limousines to Cemetery @ $ | | | |
| Autos to R. R. Station @ $ | | | |
| Getting Remains from | | | |
| Taking Remains to | | | |
| Delivering Box to | | | |
| Flowers to | | | |
| Removal Charges | | | |
| Procuring Burial Permit (State Number and District) | | | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | | | |
| Pall Bearer Service | | | |
| Personal Service | | | |
| Use of Chapel | | | |
| Outlay for Lot | | | |
| Death Notices in Newspapers (Names of Newspapers) | | | |
| Flowers, $ Rental of Palms, $ | | | |
| Rental of Tent, $ of Temporary Tomb, $ | | | |
| Lowering Device, $ Cremation, $ | | | |
| Opening of Grave or Tomb | | | |
| Lining Grave, $ Matting, $ | | | |
| Outlay for Shipping Charges | | | |
| Clergyman, $ Singers, $ Organist, $ | | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | | |
| Telegr., Phone, Cable or Radio Charges | | | |
| Cash Advanced | | | |
| Out of town Undertaker's Charges | | | |
| Total Footing of Bill | | $ 242 | 50 |
| Less | | $ | |
| Balance | | $ | |
| Entered into Ledger, page or below. | | | |

To Funeral Charges. Total, $ By Cash $

RECEIVED PAYMENT 10/7/36 JAMES E. CHURCHMAN, Inc. J. E. C. Pres

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 60 Yearly No. 60 Date 19

Name of Deceased Mrs. Allene Davis (Single — Married — Divorced) Colored (What Race) Florida (Where Born)

Residence of Deceased 279 Prince [illegible] Husband—Wife—Widow— or of

Charge to Mrs. J. Jane Davis

Address 279 Prince St.

Order given by Mrs. Davis (or Informant)

How Secured

Occupation of Deceased

Name of Employer

Date of Death (Date) (Hour)

Date of Birth

Age 43 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death 279 Prince St.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father William Davis

His Birthplace S. C.

Maiden Name of Mother Bessie ?

Her Birthplace S. C.

Motor / Ship } Remains to

Size and Style of Casket Cut top Schurz (Size) (Color) Gray

Manufactured by

Interment at Rosehill Cem. { Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | 137 | 50 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 162 | 50 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

To Funeral Charges. Total, $

By Cash $

RECEIVED PAYMENT 10/16/35

JAMES E. CHURCHMAN, Inc.
R. F. S.

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Clar

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness Signed

Signed

# RECORD OF FUNERAL

Total No. 61 Yearly No. 61 Date ....19..

Name of Deceased Mrs. Mary Banks (Single—Married—Divorced) Colored (What Race) Alabama (Where Born)

Residence of Deceased ........ Husband—Wife—Widow— of Samuel Banks

Charge to Mr. Samuel Banks

Address ........

Order given by ........ (or informant)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Date of Death Oct. 14th 1935 (Date) (Hour)

Date of Birth June 2th 1912

Age 23 (Years) (Months) (Days)

Date of Funeral ........ (Date) (Day of Week) (Hour)

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State 20 years (or U.S. if for. City or County) (Years) (Months)

Place of Death St. Michaels Hospital

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father Douglass Spies

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Motor / Ship } Remains to ........

Size and Style of Casket Cut top silver grey (Name Color)

Manufactured by ........

Interment at ........ { Cemetery / Crematory

Stone Card and Receipt mailed Jan 1, 1937

Diagram of Lot or Tomb

Lot No. ........

Grave No. 817

Section No. 22

Owner ........

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 137 | 50 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ ... (State Color) Hose, $ | | |
| Underwear, $ ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Badge, $ ... Gloves, $ | | |
| Hearse, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ... Newspapers (Names of Newspapers) | | |
| Flowers, $ ... Rental of Palms, $ | | |
| Rental of Tent, $ ... of Temporary Tomb, $ | | |
| Lowering Device, $ ... Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ ... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 162 | 50 |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

| To Funeral Charges ... Total, $ | | By Cash | $ | ¢ |
|---|---|---|---|---|
| | | | 75 | 00 |
| | | Bal. | 87 | 50 |
| | | Nov. 3 | 4 | 50 |
| | | Bal. | 83 | 00 |
| | | on act. | 4 | 00 |
| | | | 79 | 00 |

Insurance, $ ........ Names of Lodges ........

Names of Insurance Companies ........

We hereby authorize the above funeral and agree to pay the expenses thereof ........

Signed ........

Witness ........ Signed ........

# RECORD OF FUNERAL

Total No. 60 Yearly No. 60 Date ........19....

Name of Deceased Mrs. Allen Davis (Single—Married—Divorced) Colored (What Race) Florida (Where Born)

Residence of Deceased 279 Prince (Husband—Wife—Widow— or ... of)

Charge to Mrs. ... Davis

Address 279 Prince St

Order given by Mrs. Davis (or informant)

How Secured

Occupation of Deceased

Name of Employer

Date of Death (Date) (Hour)

Date of Birth

Age 43 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 279 Prince St.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father William Davis

His Birthplace S. C.

Maiden Name of Mother Bessie ?

Her Birthplace S. C.

Motor / Ship } Remains to

Size and Style of Casket Cut top Schus (Shade Color) Grey

Manufactured by

Interment at Rockhill Cem {Cemetery / Crematory}

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 131 | 50 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with ... Fluid | | |
| Barber, $ ... Hair Dressing $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ... Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 162 | 50 |
| Less | | |
| Balance | | |
| Entered into Ledger, page ... or below. | | |

To Funeral Charges. Total $ By Cash $

RECEIVED PAYMENT 10/16/35 JAMES E. CHURCHMAN, Inc. R. F. S.

Insurance, $ ........ Names of Lodges

Names of Insurance Companies Met. Clai...

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 61 Yearly No. 61 Date ..........19

Name of Deceased Mrs. Mary Banks (Single—Married—Divorced) Colored (What Race) Alabama (Where Born)

Residence of Deceased .......... Husband—Wife—Widow of Samuel Banks

Charge to: Mr. Samuel Banks

Address ..........

Order given by .......... (as informant)

How Secured ..........

Occupation of Deceased ..........

Name of Employer ..........

Date of Death Oct. 14th 1935 (Date) (Hour)

Date of Birth June 2th 1912

Age 23 (Years) (Months) (Days)

Date of Funeral .......... (Date) (Day of Week) (Hour) M.

Services at ..........

Clergyman ..........

His Address ..........

Religion of the Deceased ..........

Resided in the State 20 years (or U.S. City or County) (Years) (Months)

Place of Death St. Michaels Hospital

Cause of Death ..........

Contributory Causes ..........

Certifying Physician .......... (or Coroner)

His Address ..........

Name of Father Douglass Spier

His Birthplace ..........

Maiden Name of Mother ..........

Her Birthplace ..........

Motor / Ship } Remains to ..........

Size and Style of Casket Cut top [illegible] grey

Manufactured by ..........

Interment at .......... { Cemetery / Crematory }

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 137 | 60 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ..... with ..... Fluid (State Kind) | | |
| Barber, $ ..... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ ..... (State Color) Hose, $ | | |
| Underwear, $ ..... Slippers, $ | | |
| Folding Chairs, $ ..... Tarpaulin, $ | | |
| Candelabrum, $ ..... Candles, $ | | |
| Door Badge, $ ..... Gloves, $ | | |
| Hearse, $ ..... Ambulance, $ | | |
| Limousines to Cemetery ..... @ $ | | |
| Autos to R. R. Station ..... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ..... Newspapers (Names of Newspapers) | | |
| Flowers, $ ..... Rental of Palms, $ | | |
| Rental of Tent, $ ..... of Temporary Tomb, $ | | |
| Lowering Device, $ ..... Cremation, $ | | |
| Opening of Grave or Tomb | 20 | 00 |
| Lining Grave, $ ..... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ | | |
| Railroad or Motor } Tickets, $ ..... Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 142 | 60 |
| Less | | |
| Balance | | |

Entered into Ledger, page .... or below.

Grave card and receipt mailed Jan 5, 1937

Diagram of Lot or Vault

Lot No. ..........

Grave No. 817

Section No. 22

Owner ..........

| To Funeral Charges....Total, $ | | By Cash | $ | ¢ |
|---|---|---|---|---|
| | Paid | | 55 | 00 |
| | | Bal | 87 | 50 |
| | | Nov. 3 | 4 | 00 |
| | | Bal | 83 | 50 |
| | | on acct. | 4 | 00 |
| | | | 79 | 50 |

Insurance, $ .......... Names of Lodges ..........

Names of Insurance Companies ..........

We hereby authorize the above funeral and agree to pay the expenses thereof ..........

Signed ..........

Witness .......... Signed ..........

Compiled by F. J. FRENZMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 62 Yearly No. 62 Date 19

Name of Deceased Mrs. Edna Cerabody (Single—Married—Divorced) Colored (Where Born)

Residence of Deceased Husband—Wife—Widow of

Charge to Cornell B. Hatcher

Address 416 Ridgewood Rd. S. Orange

Order given by (or Informant)

How Secured

Occupation of Deceased

~~Name of Employer~~

Date of Death Oct. 24 1932 (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Rosehill (Cemetery / Crematory)

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ | |
|---|---|---|
| Complete Funeral | 137 | 50 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 162 | 50 |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below. | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | To Funeral Charges Total, $ | | | | | By Cash | 75 | 00 |
| | | | | July | 11 | on act | 5 | 00 |
| | | | | Feb | 2 | on act | 5 | 00 |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 62 Yearly No. 62 Date ........ 19

Name of Deceased Mrs. Hattie F. Deason (Single — Married — Divorced) Colored W. Va. (Where Born)

Residence of Deceased 10 Hoyt St. Husband—Wife—Widow Caleb Deason

Charge to: Mrs. Jom L. Peak

Address 10 Hoyt St Newark N J

Order given by Mrs. Gladys Churchman (By informant)

How Secured Telephone

Occupation of Deceased Housewife

Name of Employer

Date of Death Oct. 23, 1935 6:14 P.M. (Hour)

Date of Birth Nov. 28th 1878

Age 56 (Years) 10 (Months) 27 (Days)

Date of Funeral Oct. 28, 1935 (Date) Monday (Day of Week) 2 P. (Hour) M.

Services at Clinton Memorial A. M. E. Zion

Clergyman Rev. Nelson

His Address Crittenden St. Newk

Religion of the Deceased Methodist

Resided in the State Always (or U. S. or City of County) (Years) (Months)

Place of Death 10 Hoyt St. Newark N. J.

Cause of Death See Permit

Contributory Causes

Certifying Physician Dr. Kirkland (or Coroner)

His Address 176 Roseville Ave. Newk

Name of Father James Ashley

His Birthplace Va.

Maiden Name of Mother Cordelia Shorts

Her Birthplace W. Va.

Motor / Ship } Remains to

Size and Style of Casket Hinged Top Special (State Color) Steel grey

Manufactured by

Interment at Evergreen { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| | | |
|---|---|---|
| Complete Funeral | $225 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery 1 @ $ Extra | 10 | 00 |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | 2 | 00 |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 50 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $287 | 00 |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page or below. | | |

To Funeral Charges. Total, $ By Cash $

RECEIVED PAYMENT

JAMES E. CHURCHMAN, Inc.

J. E. C.

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Claim

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. PFEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 64 Yearly No. 64 Date 19

Name of Deceased Richard S. David (Single, Married or Divorced) Colored (What Race) S.C. (Where Born)

Residence of Deceased 319 Halsey St. Newk. Husband—Wife—Widow—of

Charge to Mrs. Mary David

Address 54 Princeton St. E. Orange

Order given by Mrs. Mary David

How Secured Palais at Funeral Home

Occupation of Deceased Laborer

Name of Employer

Date of Death Oct 24th 1935 (Date) Hour

Date of Birth

Age 59 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State 9 years (U. S., City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death See Permit

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Canada David

His Birthplace S.C.

Maiden Name of Mother Lettie Williams

Her Birthplace S.C.

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Rosehill Cem. { Cemetery / Crematory

Grave Receipt mailed 1/7/1937 J.BK (Diagram of Lot or Vault)

Lot No.

Grave No. 221

Section No. 22

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | 95 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, Shaving, $ | | |
| Dressing Body | | |
| Suit or Dress, $ Hose, $ (State Color) | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | | |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| | | | Date | | $ | |
|---|---|---|---|---|---|---|
| To Funeral Charges Total, $ | | | | By Cash | 50 | 00 |
| | | | | Bal | 45 | 00 |
| | | | 11/1/35 | | 15 | 00 |
| | | | | Bal | 30 | 00 |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 65 Yearly No. 65 Date 19

Name of Deceased Mrs. Louise Glenn (Single—Married—Divorced) Colored Ca. (White Race)

Residence of Deceased ........ Husband—Wife—Widow of Samuel Glenn

| | | |
|---|---|---|
| Charge to: Mrs. Mary Bond ? | Complete Funeral | $ 150 00 |
| Address ? | Casket | |
| Order given by Mrs. Mary Bond | Metallic Lining | |
| How Secured | Outside Box (State Kind) Pine (State Kind) | |
| Occupation of Deceased Domestic | Burial Vault | |
| Name of Employer ? | Embalming Body with (Name Kind) Fluid | |
| Date of Death November 25th 1935 (Date) (Year) | Barber, $ Hair Dressing, $ | |
| Date of Birth ? | Dressing Body | |
| Age 48 (Years) (Months) (Days) | Suit or Dress, $ Hose, $ | 7 50 |
| Date of Funeral (Date) (Day of Week) (Hour) M. | Underwear, $ (State Color) Slippers, $ | |
| Services at Funeral Home | Folding Chairs, $ Tarpaulin, $ | |
| Clergyman Rev. Gibbs | Candelabrum, $ Candles, $ | |
| His Address Thomas St. | Door Badge, $ Gloves, $ | |
| Religion of the Deceased Baptist | Hearse, $ Ambulance, $ | |
| Resided in the State 30 years (in U.S. or City or County) (Years) (Months) | Limousines to Cemetery @ $ | |
| Place of Death Newark City Hospital | Autos to R. R. Station @ $ | |
| Cause of Death See Beimont | Getting Remains from | |
| Contributory Causes | Taking Remains to | |
| Certifying Physician (or Coroner) | Delivering Box to | |
| His Address | Flowers to | |
| Name of Father Thomas Hopkins | Removal Charges | |
| His Birthplace ? | Procuring Burial Permit (State Number and District) | |
| Maiden Name of Mother Emma Davis | Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Her Birthplace ? | Pall Bearer Service | |
| Motor / Ship } Remains to | Personal Service | |
| Size and Style of Casket 6 ft. cut top (State Color) | Use of Chapel | |
| silver grey | Outlay for Lot | |
| Manufactured by | Death Notices in Newspapers (Names of Newspapers) | |
| Interment at Rosehill Cemetery / Crematory | Flowers, $ Rental of Palms, $ | |
| | Rental of Tent, $ of Temporary Tomb, $ | |
| | Lowering Device, $ ~~Cremation, $~~ | 2 00 |
| | Opening of Grave or Tomb | 25 00 |
| | Lining Grave, $ Matting, $ | |
| | Outlay for Shipping Charges | |
| | Clergyman, $ Singers, $ Organist, $ | |
| | Railroad or Motor } Tickets, $ Aero-plane Service, $ | |
| | Telegr., Phone, Cable or Radio Charges | |
| | Cash Advanced | |
| | Out of town Undertaker's Charges | 2 00 |

| | | | |
|---|---|---|---|
| on certificate Markfield 2/6/31 J. E. C. (Diagram of Lot or Vault) | Lot No. | Total Footing of Bill | $ 184 50 |
| | Grave No. 353 | | $ |
| | Section No. 22 | Balance | $ |
| | Owner | Entered into Ledger, page .... or below. | |

| | |
|---|---|
| To Funeral Charges.... Total, $ | By Cash $ |

RECEIVED PAYMENT
JAMES E. CHURCHMAN, Inc.
J. E. C. Pres.

Insurance, $ .................. Names of Lodges ..................

Names of Insurance Companies ..................

We hereby authorize the above funeral and agree to pay the expenses thereof ..................

Signed ..................

Witness ..................

Signed ..................

# RECORD OF FUNERAL

Total No. 66 Yearly No. 66 Date ........ 19....

Name of Deceased Mr. David Montgomery (Single – Married – Divorced) Colored (What Race) Ga. (Where Born)

Residence of Deceased 190 E. 101 St. N.Y. City apt. 6 (Husband – Wife – Widow of) Carrie Smith

Charge to Mrs. Carrie Montgomery

Address 198 Ermot St. Newark N.J.

Order given by Mrs Carrie Montgomery (or informant)

How Secured Telephone

Occupation of Deceased ?

Name of Employer ?

Date of Death Nov. 25, 1935 (Date) (Hour)

Date of Birth August 14

Age 36 (Years) 3 (Months) 11 (Days)

Date of Funeral ........ (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Rev. Nelson

His Address Crittenden St.

Religion of the Deceased Methodist

Resided in the State of New York (or U.S. or City of Country) 2 (Years) (Months)

Place of Death Mt. Sinai Hospital N.Y.

Cause of Death ........

Contributory Causes ........

Certifying Physician Hospital Staff (or Coroner)

His Address ........

Name of Father David Montgomery

His Birthplace Athens Georgia

Maiden Name of Mother Ida

Her Birthplace Athens Georgia

Motor / Ship } Remains to ........

Size and Style of Casket Grey Metal (State Color) Couch

Manufactured by N. C. Co.

Interment at Fairmount Soldiers Plot Cemetery / Crematory

Diagram of Lot or Vault

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 410 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ...... with ...... Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ ...... (State Color) Hose, $ | | |
| Underwear, $ ...... Slippers, $ | | |
| Folding Chairs, $ ...... Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Badge, $ ...... Gloves, $ | | |
| Hearse, $ ...... Ambulance, $ | | |
| Limousines to Cemetery ...... @ $ 2 cars | 20 | 00 |
| Autos to R. R. Station ...... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| ...... Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ...... Newspapers (Names of Newspapers) | | |
| Flowers, $ ...... Rental of Palms, $ | | |
| Rental of Tent, $ ...... of Temporary Tomb, $ | | |
| Lowering Device, $ ...... Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ ...... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | |
| Railroad or Motor } Tickets, $ ...... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Tip to Firing Squad | 10 | 00 |
| Total Footing of Bill | 465 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ...... or below.

To Funeral Charges. Total $ ........ By Cash ........ $

RECEIVED PAYMENT 12/10/35 JAMES E. CHURCHMAN, Inc. J.E.C. Pres.

Insurance, $ ........ Names of Lodges ........

Names of Insurance Companies Met. Claim

We hereby authorize the above funeral and agree to pay the expenses thereof ........

Signed ........

Witness ........ Signed ........

# RECORD OF FUNERAL

Total No. 67 Yearly No. 67 Date .......... 19

Name of Deceased Mr. Philip Randolph Colored Va.

Residence of Deceased 40 Princeton St. E. Orange | Bettie Brown

Charge to: Mrs. Bettie Randolph

Address 40 Princeton St. E. Orange

Order given by Mrs. Bettie Randolph

How Secured Telephone

Occupation of Deceased Furnace Man

Name of Employer

Date of Death Nov. 22, 1930 4 A.M.

Date of Birth Aug 12, 1864

Age 75 (Years) 3 (Months) 10 (Days)

Date of Funeral Nov. 25th 1930 1 P. M.

Services at Union Baptist Church

Clergyman Rev. J. H. Hughes

His Address Oakwood Ave. Orange

Religion of the Deceased Baptist

Resided in the State 48 years

Place of Death 40 Princeton St. E. Orange

Cause of Death See Permit

Contributory Causes

Certifying Physician Dr. Alexander ?

His Address Webster Place Orange

Name of Father Peter Randolph

His Birthplace Va.

Maiden Name of Mother Kate Day

Her Birthplace Va.

Motor / Ship } Remains to

Size and Style of Casket 6 ft. Hewitt panel Square end Chestnut, gray interior

Manufactured by

Interment at Glendale { Cemetery / Crematory

| | |
|---|---|
| Complete Funeral | $ 250.00 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Shaving, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificates No. | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | 55.00 |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | $ 305.00 |
| Less | $ |
| Balance | $ |
| Entered into Ledger, page or below. | |

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

To Funeral Charges.... Total, $ By Cash $

RECEIVED PAYMENT
JAMES E. CHURCHMAN Inc.
J. E. C. Pres.

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Claims

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 68 Yearly No. 68 Date 19

Name of Deceased Mrs. Cassie Williams (Single - Married - Divorced) Colored (What Race) Dothan Ala. (Where Born)

Residence of Deceased Clanton St. Newark (Husband - Wife - Widow) Solomon Williams

Charge to Mr. Solomon Williams

Address Clanton St. Newark

Order given by Mr. Solomon Williams

How Secured

Occupation of Deceased Housewife

Name of Employer

Date of Death Nov. 15th 1935 (Date) (Hour)

Date of Birth March 17th

Age 33 (Years) (Months) (Days)

Date of Funeral Nov. 18, 1935 (Date) Monday (Day of Week) 2 P. (Hour) M.

Services at Hopewell Baptist Church

Clergyman Rev. Borders

His Address

Religion of the Deceased Baptist

Resided in the State (or U.S. or City or County) 17 (Years) (Months)

Place of Death Newark City Hospital

Cause of Death See Permit

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Frank Guinn

His Birthplace Dothan Ala

Maiden Name of Mother Laura Griffin

Her Birthplace Eufaula Ala

Motor / Ship } Remains to

Size and Style of Casket 6 ft. Hinged Panel (State Color) octagon and silver gray

Manufactured by

Interment at Rosehill { Cemetery / Crematory

Diagram of Lot or Tomb: Grave Card Delivered Dec. 1936

Lot No.

Grave No. 280

Section No. 22

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 175 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ..... with ..... Fluid | | |
| Barber, $ ..... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) ..... Hose, $ | | |
| Underwear, $ ..... Slippers, $ | | |
| Folding Chairs, $ ..... Tarpaulin, $ | | |
| Candelabrum, $ ..... Candles, $ | | |
| Door Badge, $ ..... Gloves, $ | | |
| Hearse, $ ..... Ambulance, $ | | |
| Limousines to Cemetery ..... @ $ | | |
| Autos to R. R. Station ..... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ..... Newspapers (Names of Newspapers) | | |
| Flowers, $ ..... Rental of Palms, $ | | |
| Rental of Tent, $ ..... of Temporary Tomb, $ | | |
| Lowering Device, $ ..... Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ ..... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ | | |
| Railroad or Motor } Tickets, $ ..... Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 200 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ..... or below.

To Funeral Charges ..... Total, $

Nov. 25th 1935 ... SCHMALTZ ... J. E. C. Pres.

By Cash $

Insurance, $ ..... Name of Lodges

Names of Insurance Companies Met. Claim

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

# RECORD OF FUNERAL

Total No. 69 Yearly No. 69 Date ........ 19

Name of Deceased John F. Smith (Single—Married—Divorced) Second Goshen N.Y. (What Born) (Where Born)

Residence of Deceased 28 Clayton St. Newark N.J. Husband—Wife—Widow—Widower of Mrs. Ida Smith

Charge to Mrs. Ida Smith

Address 28 Clayton St. Newark N.J.

Order given by Mrs. Robert Smith (or informant)

How Secured Telephone

Occupation of Deceased Apt. House Janitor

Name of Employer

Date of Death Nov. 9th 1935 (Date) (Hour)

Date of Birth Jan. 11th

Age about 58 years (Years) (Months) (Days)

Date of Funeral Nov. 12th Tuesday 2 P. M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased Presbyterian

Resided in the State about 40 (in U. S. or City or County) (Years) (Months)

Place of Death 28 Clayton St. Newark

Cause of Death See Permit

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father George Smith

His Birthplace N.Y.

Maiden Name of Mother Anna Banks

Her Birthplace Goshen N.Y.

Motor/Ship } Remains to

Size and Style of Casket 6 ft. Cut top (State Color)

Silver grey

Manufactured by

Interment at Evergreen { Cemetery / Crematory

Diagram of Lot or Vault — Lot No. / Grave No. / Section No. / Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body ... Hose, $ | | |
| Suit or Dress, $ (State Color) | | |
| Underwear, $ ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Badge, $ ... Gloves, $ | | |
| Hearse, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ 1 Extra | 10 | 00 |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ... Newspapers | 2 | 00 |
| Flowers, $ ... Rental of Palms, $ | | |
| Rental of Tent, $ ... of Temporary Tomb, $ | | |
| Lowering Device, $ ... Cremation, $ | | |
| Opening of Grave or Tomb | 50 | 00 |
| Lining Grave, $ ... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | 5 | 00 |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 267 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page .... or below.

To Funeral Charges....Total, $ — By Cash $

RECEIVED PAYMENT Nov 19 1935 JAMES ... J. E. C. Pac

Insurance, $ ........ Names of Lodges ........

Names of Insurance Companies Met. Claims

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ........ Signed

# RECORD OF FUNERAL

Total No. 70 Yearly No. 70 Date ........ 19....

Name of Deceased Mrs. Mary Burke [illegible] (Single — Married — Divorced) Colored (What Race) N. J. (Where Born)

Residence of Deceased 205 [illegible] St. Husband—Wife—Widow of Samuel Burke

Charge to [illegible] Board

Address Hall of Records [illegible] N. J.

Order given by [illegible] (or Informant)

How Secured ?

Occupation of Deceased H. W.

Name of employer —

Date of Death [illegible] 1932 (Date) (Hour)

Date of Birth May 29, 1852

Age 83 (Years) (Months) (Days)

Date of Funeral See [illegible] (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman ?

His Address ?

Religion of the Deceased ?

Resided in the State ........ (or U. S. or City or County) (Years) (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ?

Name of Father ?

His Birthplace ........

Maiden Name of Mother Emmaline Waters

Her Birthplace N. J.

Motor / Ship } Remains to ........

Size and Style of Casket 6 ft. Slate (State Color) gray Cut top

Manufactured by ........

Interment at Glendale (Cemetery / Crematory)

Diagram of Lot or Vault: [illegible]

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

| Item | $ | |
|---|---|---|
| Complete Funeral | 180 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ........ with ........ Fluid | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ ........ (State Color) Hose, $ | | |
| Underwear, $ ........ Slippers, $ | | |
| Folding Chairs, $ ........ Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Badge, $ ........ Gloves, $ | | |
| Hearse, $ ........ Ambulance, $ | | |
| Limousines to Cemetery ........ @ $ | | |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ........ Newspapers (Names of Newspapers) | | |
| Flowers, $ ........ Rental of Palms, $ | | |
| Rental of Tent, $ ........ of Temporary Tomb, $ | | |
| Lowering Device, $ ........ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ........ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Motor } Tickets, $ ........ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 184 | 93 |
| Less | | |
| Balance | | |
| Entered into Ledger, page ........ or below. | | |

To Funeral Charges. Total $ ........ By Cash $ ........

RECEIVED PAYMENT
JAMES E. CHURCHMAN Inc.

Insurance, $ ........ Names of Lodges ........

Names of Insurance Companies ........

We hereby authorize the above funeral and agree to pay the expenses thereof ........

Signed ........

Witness ........ Signed ........

# RECORD OF FUNERAL

Total No. 71 Yearly No. 71 Date ........ 19

Name of Deceased Mrs. Anna Hawkins (Single Married Divorced) Colored Maryland (What Race) (Where Born)

Residence of Deceased 42 Sussex Ave. E. Orange N.J. Husband—Wife—Widow { Frances Hawkins

Charge to: Mrs. Bell (Sister) Sussex

Address 42 Sussex Ave. E. Orange N.J.

Order given by Mrs. Bell (or Informant)

How Secured ........

Occupation of Deceased Laborer

Date of Death Dec. 7, 1920 (Date) (Hour)

Date of Birth Nov. 3

Age 63 (Years) (Months) (Days)

Date of Funeral Dec. 9, 1920 Wednesday 9 A.M. (Date) (Day of Week) (Hour)

Services at Queen of Angels Church

Clergyman Father Ahern

His Address ........

Religion of the Deceased Roman Catholic

Resided in the State ........ (or U.S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death See Permit

Contributory Causes ........

Certifying Physician Hospital Staff

His Address Newark City Hospital

Name of Father Charles Hawkins

His Birthplace Charles Co. Maryland

Maiden Name of Mother Bettie Yates

Her Birthplace Maryland

Motor / Ship } Remains to ........

Size and Style of Casket Silver gray cloth cut top casket complete

Manufactured by ........

Interment at Holy Cross (Cemetery / Crematory)

| | |
|---|---|
| Complete Funeral | $ 150 00 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ........ with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ ........ Hose, $ (State Color) | |
| Underwear, $ ........ Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Badge, $ ........ Gloves, $ | |
| Hearse, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in ........ Newspapers (Names of Newspapers) | |
| Flowers, $ ........ Rental of Palms, $ | |
| Rental of Tent, $ ........ of Temporary Tomb, $ | |
| Lowering Device, $ ........ Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ........ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | $ 150 00 |
| Less | $ |
| Balance | $ |
| Entered into Ledger, page ........ or below. | |

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

Diagram of Lot or Vault

| To Funeral Charges. Total, $ | Date | | By Cash | $ | |
|---|---|---|---|---|---|
| | | | By Cash | 70 | 00 |
| | Jan | 28 | | 4 | 00 |
| | Jan | 30 | | 6 | 00 |
| | April | 2 | | 10 | 00 |
| | April | 2 | | 10 | 00 |
| | May | 7 | Rec'd By Mr. Goodman | 10 | 00 |

Insurance, $ ........ Names of Lodges ........

Names of Insurance Companies ........

We hereby authorize the above funeral and agree to pay the expenses thereof ........

Signed ........

Witness ........ Signed ........

Compiled by F. J. FRINKMAN, St. Louis, Mo.

72

# RECORD OF FUNERAL

Total No. 72 Yearly No. 72 Date ..........19....

Name of Deceased Mr. Cliff Pruett Colored Eufaula Ala.
(White Race) (Where Born)

Residence of Deceased 5A West 11? St. N.Y. Husband—Wife—Widow—or Son of } Mrs. Bethany Pruett

Charge to Mrs. Bethany Pruett

Address 124 ~~Broad~~ ~~...~~ Newark Apts.

Order given by Mrs. Bethany Pruett

How Secured

Occupation of Deceased Chauffeur

Name of Employer

Date of Death Nov. 29 1935

Date of Birth

Age 30

Date of Funeral Dec. 1, 1935 4 P. M.

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State of New York 4 (Years)

Place of Death Harlem Hospital

Cause of Death See Permit

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Ernest Henry Pruett

His Birthplace Ala.

Maiden Name of Mother Bethany Lewis

Her Birthplace Ala.

Motor / Ship } Remains to

Size and Style of Casket Bates gray Cloth (Shade Color) Sut. Top. Square

Manufactured by

Interment at Rosehill Cem. { Cemetery / Crematory

| Diagram of Lot or Tomb | |
|---|---|
| Gave certificate and Receipt for permit mailed 1/3/1937 JE | Lot No. |
| | Grave No. 855 |
| | Section No. 22 |
| | Owner |

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 102 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ....with ....Fluid | | |
| Barber, $ ....Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) ....Hose, $ | | |
| Underwear, $ ....Slippers, $ | | |
| Folding Chairs, $ ....Tarpaulin, $ | | |
| Candelabrum, $ ....Candles, $ | | |
| Door Badge, $ ....Gloves, $ | | |
| Hearse, $ ....Ambulance, $ | | |
| Limousines to Cemetery ....@ $ | | |
| Autos to R. R. Station ....@ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| | | |
| Outlay for Lot | | |
| Death Notices in ....Newspapers (Names of Newspapers) | | |
| Flowers, $ ....Rental of Palms, $ | | |
| Rental of Tent, $ ....of Temporary Tomb, $ | | |
| Lowering Device, $ ....Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ....Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ....Singers, $ ....Organist, $ | | |
| Railroad or Motor } Tickets, $ ....Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance | $ | |

Entered into Ledger, page ......or below.

| | To Funeral Charges....Total, $ | | By Cash | $ | ¢ |
|---|---|---|---|---|---|
| | | Paid | | 72 | 00 |
| | | | | 15 | 00 |
| | | | | 15 | 00 |

Insurance, $ .......... Name of Lodges ..........

Name of Insurance Companies ..........

We hereby authorize the above funeral and agree to pay the expenses thereof ..........

Signed ..........

Witness .......... Signed ..........

# RECORD OF FUNERAL

Total No. 73 Yearly No. 73 Date ..........19

Name of Deceased Mr. Herman Smith (Single Married Divorced) Married (What Race) Orange N. (Where Born)

Residence of Deceased Orange N. J. Husband—Wife—Widow—or Brother | Mr. Charles Smith

Charge to Mr. Charles Smith

Address South St. Orange N.J.

Order given by Mr. Charles Smith (or informant)

How Secured Telephone

Occupation of Deceased Laborer

Name of Employer

Date of Death Dec. 8, 1935 (Date) (Hour)

Date of Birth May 1899

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Veterans Hospital Castle Point N.Y.

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father Ambrose Smith

His Birthplace N. C.

Maiden Name of Mother Della Branch

Her Birthplace N. C.

Motor / Ship } Remains to

Size and Style of Casket Shaw gray cloth (Name Color) Cut top Hinged Panel furnished

Manufactured by by U. S. Govt

Interment at Fairmount Soldiers Plot Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 155 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| 2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | 2 | 00 |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | 6 | 00 |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges — Trip to [illegible] Special | 7 | 00 |
| Total Footing of Bill | 170 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page...... or below.

To Funeral Charges... Total, $ | By Cash $

RECEIVED PAYMENT 12/19/35 JAMES E. CHURCHMAN Inc. J. E. C. Per

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Claim

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

74

# RECORD OF FUNERAL

Total No. 74 Yearly No. 1 Date June 1 1936

Name of Deceased Mrs. Lillian Wilkinson (Single—Married—Divorced) Colored (What Race) Georgia (Where Born)

Residence of Deceased 319 W. King St. Husband—Wife—Widow

Charge to: Mr. Mosaye Green

Address 264 Prince St. north top floor

Order given by Mrs. M. Green (or Adjustment)

How Secured

Occupation of Deceased H. W.

Name of Employer

Date of Death Jan. 6, 1936 (Date) (Hour)

Date of Birth

Age 32 (Years) (Months) (Days)

Date of Funeral Wed. (Date) (Day of Week) 2 P. (Hour) M.

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State 15 (in U. S. or City or County) (Years) (Months)

Place of Death St. Barnabas Hospital

Cause of Death See Permit

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Rosehill { Cemetery / Mausoleum

Lot No.

Grave No. 925

Section No. 27

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 138 | — |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with ... Fluid (State Kind) | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ ... Hose, $ (State Color) | | |
| Underwear, $ ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Badge, $ ... Gloves, $ | | |
| Hearse, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ... Newspapers (Names of Newspapers) | | |
| Flowers, $ ... Rental of Palms, $ | | |
| Rental of Tent, $ ... of Temporary Tomb, $ | | |
| Lowering Device, $ ... Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 138 | 58 |
| Less | | |
| Balance | | |
| Entered into Ledger, page ... or below. | | |

| | | To Funeral Charges. Total, $ | | | | | By Cash $ | | |
|---|---|---|---|---|---|---|---|---|---|

Insurance, $ ... Names of Lodges

Names of Insurance Companies Peoples Welfare { Mrs. Richmond Guardian for Children

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 75 Yearly No. 2 Date June 1 1936

Name of Deceased Mrs Lucreta Hudson (Single — Married — Divorced) Colored (What Race) Va (Where Born)

Residence of Deceased 230 Central Ave E.O. Husband—Wife—Widow } James A. Hudson

| | | |
|---|---|---|
| Charge to Mr James A. Hudson | Complete Funeral | $ 150 00 |
| Address 230 Central Ave E. Orange N.J. | Casket | |
| Order given by Mr Hudson (or Informant) | Metallic Lining (State Kind) | |
| How Secured Telephone | Outside Box (State Kind) | |
| Occupation of Deceased H. W. | Burial Vault (State Kind) | |
| Name of Employer | Embalming Body ... with ... Fluid | |
| Date of Death Jan. 10th 1936 (Date) (Hour) | Barber, $ ... Hair Dressing, $ | |
| Date of Birth Dec. 31 | Dressing Body | |
| Age 37 (Years) 0 (Months) 9 (Days) | Suit or Dress, $ (State Color) Hose, $ | |
| Date of Funeral Jan 13th (Date) Monday (Day of Week) 2 P. M. (Hour) | Underwear, $ ... Slippers, $ | |
| Services at Herndon Va | Folding Chairs, $ ... Tarpaulin, $ | |
| Clergyman | Candelabrum, $ ... Candles, $ | |
| His Address Herndon Va | Door Badge, $ ... Gloves, $ | |
| Religion of the Deceased Baptist | Hearse, $ ... Ambulance, $ | |
| Resided in the State of N.J. (or U. S. or City or County) 28 (Years) (Months) | Limousines to Cemetery ... @ $ | |
| Place of Death 230 Central Ave E. Orange N.J. | Autos to R. R. Station ... @ $ | |
| Cause of Death See Permit | Getting Remains from | |
| Contributory Causes | Taking Remains to | |
| Certifying Physician L. L. Abbott Asst Med Exp (or Coroner) | Delivering Box to | |
| His Address Orange N.J. | Flowers to | |
| Name of Father James Coates | Removal Charges | |
| His Birthplace Va | Procuring Burial Permit (State Number and District) | |
| Maiden Name of Mother Maria ? | Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Her Birthplace Va | Pall Bearer Service | |
| Motor / Ship } Remains to Herndon Va | Personal Service | |
| Size and Style of Casket (State Color) | Use of Chapel | |
| | Outlay for Lot | |
| Manufactured by | Death Notices in ... Newspapers (Names of Newspapers) | |
| Interment at Herndon Va { Cemetery / Crematory | Flowers, $ ... Rental of Palms, $ | |
| Lot No. | Rental of Tent, $ ... of Temporary Tomb, $ | |
| Grave No. | Lowering Device, $ ... Cremation, $ | |
| Section No. | Opening of Grave or Tomb | |
| Owner | Lining Grave, $ ... Matting, $ | |
| Diagram of Lot or Vault | Outlay for Shipping Charges | |
| | Clergyman, $ ... Singers, $ ... Organist, $ | |
| | Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | |
| | Telegr., Phone, Cable or Radio Charges | |
| | Cash Advanced | |
| | Out of town Undertaker's Charges | |
| | Total Footing of Bill | $ 150 00 |
| | Less | $ |
| | Balance | $ |
| | Entered into Ledger, page ... or below. | |

| To Funeral Charges. Total, $ | | By Cash | $ |
|---|---|---|---|
| | Paid | | |

Insurance, $ ... Names of Lodges St. Luke & Household of Ruth

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ... Signed

# RECORD OF FUNERAL

Total No. 76 Yearly No. 3 Date June 1 1936

Name of Deceased Mrs. Appie Perry (Single—Married—Divorced) Colored (What Race) (Where Born)

Residence of Deceased 135 Charlton St. 1st floor Husband—Wife—Widow—or ... of Mr. John Perry

Charge to: Mrs. John Perry

Address 135 Charlton St. N.Y.C.

Order given by Mr. Perry (or Department)

How Secured Called personally

Occupation of Deceased H.W.

... of Rough ...

Date of Death Jan. 22 1936 (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at Essex Co. Isolation Hospital

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Rosehill Cem. { Cemetery / Crematory

Lot No.

Grave No. 938

Section No. 22

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 150 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

| To Funeral Charges. Total, $ | By Cash $ |
|---|---|
| | Paid 1/31, 1936 |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 27 Yearly No. 4 Date June 1 1926

Name of Deceased Mrs. Sophronny Tannaway (Single - Married - Divorced) Colored (What Race) (Where Born)

Residence of Deceased 334 Mechanic St. Stamp (Husband - Wife - Widow or Mother) Mrs. Laura Coates

Charge to

Address

Order given by (or Informant)

How Secured

Occupation of Deceased

Name of Employer

Date of Death (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket 6 ft. Blue Silver (State Color) Embossed plush H. C.

Manufactured by N. J. Casket Co. Inc.

Interment at Glendale Cem. { Cemetery / Crematory }

Lot No.

Grave No.

Section No.

Owner

Extra Deep. Card in Possession of Daughter in Atlantic City

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 250 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (Copy Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers | | |
| Flowers, $ (Name of Newspapers) Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | [illegible] | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $5 Singers, $ Organist, $ | 5 | 00 |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 310 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ...... or below.

To Funeral Charges. Total, $

By Cash $

Paid 1/30/1926

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

# RECORD OF FUNERAL

Total No. 78 Yearly No. 5 Date June 1 1936

Name of Deceased Mrs. Emma Brown (Single – Married – Divorced) Cheret Va (Where Born) (Where Buri.)

Residence of Deceased 100 Harrison St. Orange (Husband – Wife – Widow) Mother of Gladys Fields

Charge to Alfonso & Walter Williams

Address 612 W 4th St. Bethlehem Pa.

Order given by Mrs. Gladys Fields & Walter Williams (or informant)

How Secured Telephone

Occupation of Deceased H.W.

Name of Employer January 31, 1934

Date of Death

Date of Birth Feb. 22 (Date) (Hour)

Age 78 (Years) (Months) (Days)

Date of Funeral Feb. 4th 1934 (Date) (Day of Week) 2 P. M. (Hour)

Services at Funeral Home

Clergyman Rev. Terrell

His Address N. Clinton St. E. O.

Religion of the Deceased Baptist

Resided in the State of N. J. (in U. S. or City or County) 36 (Years) (Months)

Place of Death Convalescent Home Montclair 47 Pleasant Ave

Cause of Death

Contributory Causes

Certifying Physician Dr. Thornhill (or Coroner)

His Address Forrest St. Montclair

Name of Father George Woodson

His Birthplace Va

Maiden Name of Mother Rosa Skipper

Her Birthplace Va

Motor / Ship } Remains to

Size and Style of Casket cut top (State Color) silver grey

Manufactured by N. J. Casket Co. Inc.

Interment at Rosehill (Cemetery / Crematory)

Lot No.

Grave No. 921

Section No. 22

Owner

Diagram of Lot or Tomb

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | | |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| Date | | Charges | $ | ¢ | Date | | Credits | $ | ¢ |
|---|---|---|---|---|---|---|---|---|---|
| June | 1 | To Funeral Charges. Total, $ | 150 | 00 | Feb. | 2 | By Cash A. Williams | 25 | 00 |
| | | Balance | 85 | 00 | " | 4 | Walter Williams | 30 | 00 |
| | | | | | | | M. Oscar Waller | 5 | 00 |
| | | | | | | | | 5 | 00 |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expense thereof.

Signed

Signed

# RECORD OF FUNERAL

Total No. 79 Yearly No. 6 Date June 9th 1936

Name of Deceased Mrs. Hannah Patton (Single—Married—Divorced) Col. (What Race) Va. (Where Born)

Residence of Deceased 12 Somerset St (Husband—Wife—Widow—) Mother | Mrs. Verna Barnett

Charge to: Mrs Verna Barnett

Address 12 Somerset St. Newk

Order given by Mrs. Verna Barnett

How Secured Telephone

Occupation of Deceased H. W.

Name of Employer none

Date of Death Feb 6th 1936 12:13 AM (Date) (Hour)

Date of Birth June 28. 1868

Age 67 (Years) 7 (Months) 9 (Days)

Date of Funeral Feb 8 (Date) (Day of Week) 2 P. M.

Services at Sunlight Baptist Church

Clergyman Rev. Lawrence

His Address

Religion of the Deceased Baptist

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 12 Somerset St. Newk

Cause of Death See Permit

Contributory Causes

Certifying Physician Dr. Chisolm (or Coroner)

His Address Boston St. Newk

Name of Father Gibson Goodwin

His Birthplace Va.

Maiden Name of Mother Roseanna ?

Her Birthplace Va.

Motor / Ship } Remains to Rosehill Cem.

Size and Style of Casket Silver gray (State Color) ½ Panned

Manufactured by N. J. Casket Co. Inc.

Interment at Rosehill Cem. { Cemetery / Crematory

(Diagram of Lot or Vault)

Lot No.

Grave No.

Section No.

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming (State Kind) | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) ... Hose, $ | | |
| Underwear, $ ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Badge, $ ... Gloves, $ | | |
| Hearse, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | 10 | 00 |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ... Newspapers (Names of Newspapers) | | |
| Flowers, $ ... Rental of Palms, $ | | |
| Rental of Tent, $ ... of Temporary Tomb, $ | | |
| Lowering Device, $ ... Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ ... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 185 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

To Funeral Charges ... Total, $    Paid    By Cash ... $

Insurance, $ ... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness ... Signed ... Signed

# RECORD OF FUNERAL

Total No. 80 Yearly No. 7 Date June 2 1936

Name of Deceased Mrs Mary B Barnett (Single — Married — Divorced) Col. (What Race) (Where Born)

Residence of Deceased 129 Parrow St Or. Husband—Wife—Widow of

Charge to Mr Barnett

Address South St Orange

Order given by Mr Barnett (or Informant)

How Secured Telephone

Occupation of Deceased H.W.

Name of Employer

Date of Death Feb. 6th 1936 4AM (Date)

Date of Birth See Permit

Age (Years) (Months) (Days)

Date of Funeral 2/10/36 (Date) Monday (Day of Week) 2P. M.

Services at Church of God Oakwood Ave

Clergyman Elder Reed

His Address

Religion of the Deceased Sanctified

Resided in the State (in U.S. or City or County) (Years) (Months)

Place of Death 129 Parrow St Orange

Cause of Death See Permit

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Ship Remains to Linden N.J.

Size and Style of Casket Grey (Give Color) Cut top

Manufactured by N.J. Casket Co. Inc.

Interment at Rosehill Cem. (Cemetery / Crematory)

Grave card mailed to son 12/26/36

Diagram of Lot or Vault

Lot No.

Grave No. 949

Section No. 22

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced for undertaking | 6 | 07 |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 181 | 07 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

To Funeral Charges. Total, $

Paid 1936

| | $ | ¢ |
|---|---|---|
| By Cash [illegible] | 29 | 00 |
| " Met. Ch. | | |
| " | 10 | 00 |

Insurance, $ Name of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 81 Yearly No. 8 Date June 9th 1936

Name of Deceased Mrs. Edith Spencer (Single Married or Divorced) Col. (What Race) (Where Born)

Residence of Deceased Broome St. Nwk. (Husband—Wife—Widow—)

| | | |
|---|---|---|
| Charge to: | Complete Funeral | $ 150 00 |
| Address | Casket | |
| Order given by (or informant) | Metallic Lining | |
| How Secured | Outside Box (State Kind) | |
| Occupation of Deceased H. W. | Burial Vault (State Kind) | |
| Name of Employer | Embalming Body (State Kind) with Fluid | |
| Date of Death Feb | Barber, $ Hair Dressing, $ | |
| Date of Birth See Permit | Dressing Body | |
| Age (Years) (Months) (Days) | Suit or Dress, $ (State Color) Hose, $ | |
| Date of Funeral Feb. 18 1936 2 P. M. (Date) (Day of Week) (Hour) | Underwear, $ Slippers, $ | |
| Services at Funeral Home | Folding Chairs, $ Tarpaulin, $ | |
| Clergyman Rev. H. Snelling | Candelabrum, $ Candles, $ | |
| His Address | Door Badge, $ Gloves, $ | |
| Religion of the Deceased A. M. E. | Hearse, $ Ambulance, $ | |
| Resided in the State (or U. S. or City or County) (Years) (Months) | Limousines to Cemetery @ $ Xtra | 10 — |
| Place of Death | Autos to R. R. Station @ $ | |
| Cause of Death | Getting Remains from | |
| Contributory Causes | Taking Remains to | |
| Certifying Physician (or Coroner) | Delivering Box to | |
| His Address | Flowers to | |
| Name of Father | Removal Charges | |
| His Birthplace | Procuring Burial Permit (State Number and Month) | |
| Maiden Name of Mother | Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Her Birthplace | Pall Bearer Service | |
| Motor Ship } Remains to | Personal Service | |
| Size and Style of Casket Cut top silver grey (State Color) | Use of Chapel | |
| Manufactured by N. J. Casket Co. Inc. | Outlay for Lot | |
| Interment at Rosehill Cem. {Cemetery Crematory | Death Notices in Newspapers (Names of Newspapers) | |
| | Flowers, $ Rental of Palms, $ | |
| | Rental of Tent, $ of Temporary Tomb, $ | |
| | Lowering Device, $ Cremation, $ | |
| | Opening of Grave or Tomb | [illegible] 00 |
| | Lining Grave, $ Matting, $ | |
| | Outlay for Shipping Charges | |
| | Clergyman, $ Singers, $ Organist, $ | |
| | Railroad or Motor } Tickets, $ Aero-plane Service, $ | |
| | Telegr., Phone, Cable or Radio Charges | |
| | Cash Advanced | |
| | Out of town Undertaker's Charges | |

| | | | |
|---|---|---|---|
| Grave Card delivered 2/17/36 J. B. C. | Lot No. | Total Footing of Bill | $ 186 00 |
| (Diagram of Lot or Vault) | Grave No. | Less | $ |
| | Section No. | Balance | $ |
| | Owner | Entered into Ledger, page or below. | |

| | | |
|---|---|---|
| To Funeral Charges.... Total, $ | Paid | By Cash $ |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 82 Yearly No. 9 Date June 9th 1936

Name of Deceased Denip Elna or De Dena Pottagusi [illegible]

Residence of Deceased 147 Somerset St. Nwk — Brother | Frank De Bonsi

Charge to Mr. Frank Pensi

Address 147 Somerset St. Nwk.

Order given by Mr. Frank Pensi

How Secured Telephone

Occupation of Deceased Laborer

Name of Employer

Date of Death June 12th 1936

Date of Birth See Permit

Age

Date of Funeral 6/17/1936 9 A. M.

Services at Queen of Angel R. C. Church

Clergyman Father A. Hanan

His Address

Religion of the Deceased Catholic

Resided in the State

Place of Death Nwk City Hospital

Cause of Death P. T. B.

Contributory Causes See Permit

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor/Ship Remains to

Size and Style of Casket Steel Grey Square end couch

Manufactured by N. J. Casket Co.

Interment at Holy Cross (Cemetery/Crematory)

Diagram of Lot or Vault: Block 3 S. F. / TIER A / #125 Grave

Lot No.

Grave No.

Section No.

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 310 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial-Vault (State Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ ... Hose, $ | | |
| Underwear, $ ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Badge, $ ... Gloves, $ | | |
| Hearse, $ ... Ambulance, $ | | |
| Limousines to Cemetery 2 @ $ 10 | 20 | 00 |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ... Newspapers | | |
| Flowers, $ ... Rental of Palms, $ | | |
| Rental of Tent, $ ... of Temporary Tomb, $ | | |
| Lowering Device, $ ... Cremation, $ | | |
| Opening of Grave or Tomb | 50 | 00 |
| Lining Grave, $ ... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Aero-plane Services, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced Paid [illegible] for trip | 16 | 00 |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 400 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

To Funeral Charges. Total, $ — Paid By Mr. Frank De Bonsi — By Cash $

Insurance, $ ... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 83 Yearly No. 10 Date July 11 1934

Name of Deceased Mrs. Adam Holway (Single—Married) (Divorced) Colored (What Race) Ga. (Where Born)

Residence of Deceased Terry St. Newark ~~Husband Wife Father~~ Son | Mrs. Edna Holway

Charge to:

Address.

Order given by (or informant)

How Secured

Occupation of Deceased

Name of Employer

Date of Death

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (of U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Evergreen Cem. {Cemetery / Crematory}

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 50 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 200 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

To Funeral Charges. Total, $ | Paid | By Cash $

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 82 Yearly No. 9 Date June 9th 1936

Name of Deceased Dionig Pina or Da Dena (Single — Married — Divorced) Pottersville (Where Born) Capestarde Ldone (Wife's Born)

Residence of Deceased 147 Somerset St Nwk ~~Brother~~ Frank Do Pinai

Charge to Mr Frank Pinai

Address 147 Somerset St Nwk

Order given by Mr Frank Pinai (1st Informant)

How Secured Telephone

Occupation of Deceased Laborer

Name of Employer

Date of Death June 12th 1936 (Date) (Year)

Date of Birth See Permit

Age (Years) (Months) (Days)

Date of Funeral 2/17/1936 (Date) (Day of Week) 8A M. (Hour)

Services at Queen of Angel R.C. Church

Clergyman Father A. Hamm

His Address

Religion of the Deceased Catholic

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Nwk City Hospital

Cause of Death P. T. B.

Contributory Causes See Permit

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket Steel Grey (State Color) Square end Couch

Manufactured by N. J. Casket Co.

Interment at Holy Cross { Cemetery / Crematory

| Block 3 S.F. TIER A #125 Grave | Lot No. |
|---|---|
| | Grave No. |
| | Section No. |
| Diagram of Lot or Vault | Owner |

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 316 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery 2 @ $ 10 | 20 | 00 |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Degree) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 50 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced Bal. due for trip | 15 | 00 |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 400 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below. | | |

To Funeral Charges... Total, $

Paid by Mr Frank De Pinai

By Cash $

Insurance, $ Name of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 8.7 ... Yearly No. 10 ... Date July 11 ... 1936

Name of Deceased Mrs. Adam Hosey ... Colored ... Sex ...

Residence of Deceased Lenox S.C. Newark ... Son Mrs. Edna Hosey

Charge to ...

| | | | |
|---|---|---|---|
| Address | | Complete Funeral | $ 150 00 |
| Order given by | | Casket | |
| How Secured | | Metallic Lining | |
| Occupation | | Outside Box | |
| Name of Employer | | Burial Vault | |
| Date of Death | | Embalming Body ... with ... Fluid | |
| Date of Birth | | Barber, $ ... Hair Dressing, $ | |
| Age | | Dressing Body | |
| Date of Funeral | | Suit or Dress, $ ... Hose, $ | |
| Services at | | Underwear, $ ... Slippers, $ | |
| Clergyman | | Folding Chairs, $ ... Tables, $ | |
| His Address | | Candelabrum, $ ... Candles, $ | |
| Religion of Deceased | | Door Badge, $ ... Gloves, $ | |
| Resided in the State | | Hearse, $ ... Ambulance, $ | |
| Place of Death | | Limousines to Cemetery ... @ $ | |
| Cause of Death | | Autos to R. R. Station ... @ $ | |
| Contributory Causes | | Getting Remains from | |
| Certifying Physician | | Taking Remains to | |
| His Address | | Delivering Box to | |
| Name of Father | | Flowers to | |
| His Birthplace | | Removal Charges | |
| Maiden Name of Mother | | Procuring Burial Permit | |
| Her Birthplace | | Certif. Copies of Death Certificates No. | |
| Body Remains to | | Pall Bearer Service | |
| Size and Style of Casket | | Personal Service | |
| Manufactured by | | Use of Chapel | |
| Interment at Evergreen Cem. | | Outlay for Lot | |
| | Lot No. | Death Notices in ... Newspapers | |
| | Grave No. | Flowers, $ ... Rental of Palms, $ | |
| | Section No. | Rental of Tent, $ ... of Temporary Tomb, $ | |
| | Owner | Lowering Device, $ ... Cremation, $ | |
| | | Opening of Grave ... Tomb | 50 00 |
| | | Lining Grave, $ ... Matting, $ | |
| | | Outlay for Shipping Charges | |
| | | Clergyman, $ ... Singers, $ ... Organist, $ | |
| | | Railroad or Motor Tickets, $ ... Auto Service, $ | |
| | | Teleg., Phone, Cable or Radio Charges | |
| | | Cash Advanced | |
| | | Out of town Undertaker's Charges | |
| | | Total Footing of Bill | $ 200 00 |
| | | Less | |
| | | Balance | $ |
| | | Entered into Ledger, page ... or below | |

| To Funeral Charges. Total, $ | By Cash | $ |
|---|---|---|
| Paid | | |

Insurance, $ ... Names of Lodges ...

Names of Insurance Companies ...

We hereby authorize the above funeral and agree to pay the expenses thereof ...

Signed ...

Witness ... Signed ...

# RECORD OF FUNERAL

Total No. 84 Yearly No. 11 Date July 11 1936

Name of Deceased Mrs. McBirdye Thomas (Single – Married – Divorced) Colored (What Race) Ga. (Where Born)

Residence of Deceased 38 Lewis St. Nunnik Husband – Wife – Widower – Widow of { Mrs. Ann May Thomas

Charge to Mrs. Ann May Thomas

Address 38 Lewis

Order given by Mrs. Thomas (or relationship)

How Secured

Occupation of Deceased Lawyer

Name of Employer

Date of Death Feb. 16, 1936 (Date) 5:30 P. (Hour)

Date of Birth April

Age 41 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father John Thomas

His Birthplace Ga.

Maiden Name of Mother ?

Her Birthplace Ga.

Motor / Ship } Remains to

Size and Style of Casket 6ft Silver (State Color) gray

Manufactured by

Interment at Rosehill { Cemetery / Mausoleum

Lot No.

Grave No. 9782

Section No. 22

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers | | |
| Flowers, $ (Name of Newspapers) Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 176 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below. | | |

To Funeral Charges. Total $ By Cash $

Paid March 11, 1936

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 85    Yearly No. 12    Date July 11, 1936

Name of Deceased John Silva (Single — Married — Divorced)    Portuguese (White-Race)    Cape Verde Islands (Where Born)

Residence of Deceased 144 Charlton St. Newark    Husband or Wife of Helen Silva

Charge to Mrs. Helen Silva

Address 144 Charlton St. Newark 2nd floor

Order given by Mrs. Silva (or relatives)

How Secured

Occupation of Deceased Laborer

Name of Employer

Date of Death Feb. 28, 1936 (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral 3/4/36 (Date) (Day of Week) 9 A. (Hour)

Services at Church of the Angels R.C. Church

Clergyman Father O'Herron

His Address

Religion of the Deceased R. Catholic

Resided in the State 10 years (or U.S. or City or County) (Years) (Months)

Place of Death St. Barnabas Hospital

Cause of Death See Certificate

Contributory Causes

Certifying Physician Hospital Staff (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (Base Color)

Manufactured by

Interment at Holy Cross Cem. { Cemetery / Crematory

Diagram of Lot or Tomb

Lot No.

Grave No.

Section No.

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 122 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in (Names of Newspapers) Newspapers | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 47 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 169 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ...... or below.

| Date | | Item | Total, $ | Date | | Item | $ | ¢ |
|---|---|---|---|---|---|---|---|---|
| | | To Funeral Charges | | 3/20 | 29 | By Cash | 57 | 00 |
| March | 4th | Bal. | 65 — | " | | | 23 | 00 |
| | | | | | | | 44 | 00 |

Insurance, $    Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expense thereof

Signed

Witness    Signed

# RECORD OF FUNERAL

Total No. 56 Yearly No. 13 Date July 14 1936

Name of Deceased Mrs. Mary Smith Married Colored Virginia

Residence of Deceased 86 Wilson Place Orange — Mr. Robert Smith

Charge to Mr. Robert Smith

Address 90 Wilson Place Orange N.J.

Order given by Mrs. Smith

How Secured

Occupation of Deceased Housewife

Name of Employer

Date of Death March 3, 1936

Date of Birth See permit

Age

Date of Funeral

Services at Granite Va.

Clergyman

His Address

Religion of the Deceased

Resided in the State

Place of Death Orange Memorial Hospital

Cause of Death See permit

Contributory Causes

Certifying Physician

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to Richmond Va.

Size and Style of Casket

Manufactured by

Interment at Granite Va. { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box | | |
| Burial Vault | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ Hose, $ | 7 | 50 |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges / Hire of 5 pas. car to Richmond Va. & return | 65 | 00 |
| Total Footing of Bill | 222 | 50 |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below. | | |

| | | |
|---|---|---|
| To Funeral Charges Total, $ | 222 | 50 |
| Bal. discounted, as Mr. Smith unable to pay 1/21/1937 J.C.L. | 27 | 50 |
| Paid | | |
| By Cash | 195 | 00 |

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

# RECORD OF FUNERAL

Total No. 89 Yearly No. 14 Date July 10 1936

Name of Deceased Mrs. Howard Spotts (Single — Married — Divorced) Col (What Race) (Where Born)

Residence of Deceased Warren Pa. Husband—Wife—Widow of

Charge to:
Address
Order given by (or Informant)
How Secured
Occupation of Deceased
Name of Employer
Date of Death March 21, 1936 (Date) (Hour)
Date of Birth
Age (Years) (Months) (Days)
Date of Funeral March 24 1936 (Date) (Day of Week) (Hour) M.
Services at
Clergyman
His Address
Religion of the Deceased
Resided in the State (or U. S. or City or County) (Years) (Months)
Place of Death
Cause of Death
Contributory Causes
Certifying Physician (or Coroner)
His Address
Name of Father
His Birthplace
Maiden Name of Mother
Her Birthplace
Motor / Ship } Remains to
Size and Style of Casket (State Color)

Manufactured by
Interment at Rouseville Cem. { Cemetery / Crematory

Diagram of Lot or Tomb

Lot No.
Grave No. 1099
Section No. 22
Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | 75 | 00 |
| Casket | | |
| Metallic Lining (Give Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (Give Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 75 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

To Funeral Charges. Total, $ Paid By Cash $

Insurance, $ Names of Lodges
Names of Insurance Companies Frank C. Mertick
We hereby authorize the above funeral and agree to pay the expenses thereof
Signed
Witness Signed

# RECORD OF FUNERAL

Total No. 88 Yearly No. 15 Date July 16 1936

Name of Deceased Mrs. Mary E. Thomas (Single - Married - Divorced) Married (What Race) Colored (Where Born) Virginia

Residence of Deceased 47 Delavan Ave. Newark

Charge to Mrs. Parker

Address 47 Delavan Ave. Newark

Order given by Mrs. Parker (or informant)

How Secured Telephone

Occupation of Deceased Housewife

Name of Employer

Date of Death March 25 1936 (Date) 4:30 (Hour)

Date of Birth July 4th 1875

Age 60 (Years) 8 (Months) 21 (Days)

Date of Funeral March 28 1936 (Date) (Day of Week) (Hour)

Services at Residence

Clergyman Rev. [illegible]

His Address

Religion of the Deceased Baptist

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 47 Delavan Ave. Newark

Cause of Death [illegible]

Contributory Causes

Certifying Physician Dr. Bianchi (or Coroner)

His Address [illegible]

Name of Father Thomas [illegible]

His Birthplace Va.

Maiden Name of Mother Eliza Borden

Her Birthplace Va.

Motor / Ship } Remains to St. Michaels Cem. L. I.

Size and Style of Casket Silver gray (State Color) Half Couch

Manufactured by

Interment at St. Michaels (Cemetery / Crematory)

Diagram of Lot or Tomb

Lot No.

Grave No.

Section No.

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 295 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery 2 @ $ 15 | 30 | 00 |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | 25 | 00 |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 340 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below. | | |

| | To Funeral Charges. Total, $ | 340 | 00 | Paid | By Cash $ | 340 | 00 |
|---|---|---|---|---|---|---|---|

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

# RECORD OF FUNERAL

Total No. 87 Yearly No. 16 Date July 16 1936

Name of Deceased Mrs. Mattie Williams (Single — Married — Divorced) Colored (Where Born) Ga (Where Born)

Residence of Deceased 126 Monmouth St. Newk Husband—Wife—Widow of { Mr. Walter Williams

Charge to Mr. Walter Williams

Address 122 Monmouth St

Order given by Jersey ... office

How Secured Mr Williams

Occupation of Deceased H. W.

Name of Employer

Date of Death March 25, 1936 1 P.M. (Hour)

Date of Birth May 8th 1915

Age 20 (Years) 11 (Months) 17 (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at Summerstown Ga

Clergyman

His Address Ga

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death Sec. Peronitis

Contributory Causes

Certifying Physician Hospital Staff

His Address Newk City Hospital

Name of Father William Byrnes

His Birthplace Ga

Maiden Name of Mother Sophia Moring

Her Birthplace Ga

Shipped } Remains to Summerstown Ga

Size and Style of Casket Silver grey (State Color)

Manufactured by

Interment at { Cemetery / Crematory

(Diagram of Lot or Vault)

Lot No.

Grave No.

Section No.

Owner

| Item | $ |
|---|---|
| Complete Funeral | 135 00 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with (State grade) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Attendant's Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | 135 00 |
| Less | |
| Balance | |

Entered into Ledger, page or below.

| To Funeral Charges... Total, $ | 135 | 00 | By Cash | $ 135 | 00 |
|---|---|---|---|---|---|
| | | | Paid | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 96 Yearly No. 17 Date July 14th 1936

Name of Deceased Mrs. Ocena Blake (Single — Married — Divorced) Colored (What Race) Va. (Where Born)

Residence of Deceased Somerset St. Nwk N.J. Husband—Wife—Widow of Mr. Fred Blake

Charge to Mr. Harrison Blake

Address Somerset St. Nwk

Order given by Mr. Blake

How Secured

Occupation of Deceased H. W.

Name of Employer

Date of Death March 30, 1936

Date of Birth August 13th

Age 59 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State N. J. (Years) 5

Place of Death Graystone Park Morris Plains

Cause of Death

Contributory Causes

Certifying Physician Hospital Staff

His Address Graystone Park

Name of Father [illegible]

His Birthplace Va.

Maiden Name of Mother [illegible]

Her Birthplace Va.

Ship Remains to [illegible] Va.

Size and Style of Casket Steel gray (State Color)

Manufactured by

Interment at [illegible] (Cemetery / Company)

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ | |
|---|---|---|
| Complete Funeral | 185 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Body to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 185 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below

| To Funeral Charges. Total, $ 185 00 | By Cash $ 185 00 |
|---|---|
| | Paid |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

# RECORD OF FUNERAL

Total No. 91 Yearly No. 18 Date July 10th, 1936

Name of Deceased Infant [illegible] Smith (Single — Married — Divorced) Colored (What Race) N. J. (Where Born)

Residence of Deceased 164 Charlton St Newark N.J. — Child — Mrs Eunice Smith

Charge to Mrs Eunice Smith

Address 164 Charlton St. Newark

Order given by Mrs. Smith (or informant)

How Secured Called at office

Occupation of Deceased Infant

Name of Employer

Date of Death April 18, 1936 (Date) 11.40 P.M. (Hour)

Date of Birth May 23, 1935

Age (Years) (Months) (Days)

Date of Funeral April 20, 1936 (Date) Monday (Day of Week) 2 P. (Hour) M.

Services at Residence

Clergyman

His Address

Religion of the Deceased

Resided in the State Lifetime (or R. R. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death [illegible]

Contributory Causes

Certifying Physician Dr. Benetch (or Coroner)

His Address 354 Belmont Ave. Newark

Name of Father Fredrick P. Smith

His Birthplace Va.

Maiden Name of Mother Eunice Saunders

Her Birthplace Florida

Motor / Ship } Remains to

Size and Style of Casket White Lambskin (State Color)

Manufactured by A. C. Co.

Interment at ~~Rosehill~~ Evergreen Cemetery / Crematory

Diagram of Lot or Tomb

Lot No.

Grave No.

Section No.

Owner

| Item | $ |
|---|---|
| Complete Funeral | $ 53.00 |
| Casket (Name Kind) | |
| Metallic Lining | |
| Outside Box (Name Kind) | |
| Burial Vault (Name Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (Name Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (Name Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers | |
| Flowers, $ (Name of Florist) Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Berth Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | $ |
| Less: | $ |
| Balance | $ |

Entered into Ledger, page or books

| | To Funeral Charges . . . Total, $ | 53 | 00 | By Cash | $ | 4 | 00 |
|---|---|---|---|---|---|---|---|

Insurance, $ Name of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

# RECORD OF FUNERAL

Total No. 92 Yearly No. 19 Date July 16 1936

Name of Deceased Mr. George T. Delk (Single, Married, Divorced) Colored (What Race) Va. (Where Born)

Residence of Deceased Hill St. Orange ~~(Relationship)~~ Son of George R. Delk

Charge to Mr. George R. Delk

Address 140 Hill St. Orange N.J.

Order given by Mr. Delk (or informant)

How Secured Phone

Occupation of Deceased Porter

Name of Employer Medical Tower

Date of Death April 25th 1936 (Hour)

Date of Birth Oct. 10, 1885

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at

Clergyman Rev. H. H. Thomas

His Address Orange N.J.

Religion of the Deceased A. M. E.

Resided in the State (or U.S. or City or County) Years Months

Place of Death Essex Co. Isolation Hospital

Cause of Death See Permit

Contributory Causes "

Certifying Physician " (or Coroner)

His Address Hospital

Name of Father George R. Delk

His Birthplace Va.

Maiden Name of Mother Emma Johnson

Her Birthplace Va.

Motor / Ship } Remains to

Size and Style of Casket Silver grey (State Color) cut top

Manufactured by N. J. Casket Co.

Interment at Rosedale { Cemetery / Crematory }

Section 1R7 Gr 1

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 175 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery one @ $ 10.00 | 10 | 00 |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 21 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 206 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below. | | |

| | | | | | |
|---|---|---|---|---|---|
| To Funeral Charges. Total, $ | 206 | 00 | Paid | By Cash $ | 206 00 |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof"

Signed:

# RECORD OF FUNERAL

Total No. 93 Yearly No. 26 Date July 16 1936

Name of Deceased Mrs. Ethel Wilson (Single — Married — Divorced) Colored (White Race) N. Carolina (Where Born)

Residence of Deceased Washington St. Nwk Husband—Wife—Widow or Matt. Wilson

Charge to Mrs. Maria [illegible]

Address E. Orange N. J.

Order given by Husband

How Secured Called at Office

Occupation of Deceased H. W.

Name of Employer

Date of Death April 24, 1936 (Hour)

Date of Birth See Permit

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at Caleys Springs N. Car.

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death See Permit

Contributory Causes " "

Certifying Physician Hospital Staff

His Address Newark City Hospital

Name of Father See Permit

His Birthplace " "

Maiden Name of Mother " "

Her Birthplace " "

Ship } Remains to Mollina N. C.

Size and Style of Casket (State Color)

Manufactured by

Interment at { Cemetery / Crematory }

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Tomb

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page or below | | |

| | To Funeral Charges Total, $ | 150 | 00 | Paid | By Cash | $ 150 | 00 |
|---|---|---|---|---|---|---|---|

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

# RECORD OF FUNERAL

Total No. 94 Yearly No. 21 Date July 14th 1936

Name of Deceased Mrs. Robert Brooks (Single—Married—Divorced) Colored (What Race) (Where Born)

Husband—Wife—Widow—of

Residence of Deceased

Charge to Family

Address

Order given by Family

How Secured Called at Office

Occupation of Deceased Laborer

Name of Employer

Date of Death May 4th 1936

Date of Birth See Permit

Age ~~32~~ (Years) (Months) (Days)

Date of Funeral May 12, 1936 (Date) (Day of Week) (Hour) M.

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased Baptist

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death See Permit

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father ~~Samuel Crawford~~

His Birthplace N.C.

Maiden Name of Mother ~~Rosa Great~~

Her Birthplace N.C.

Motor / Ship } Remains to

Size and Style of Casket Select (State Color)

Manufactured by

Interment at { Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 162 | 50 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 167 | 50 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| | | To Funeral Charges | Total, $ | | Date | | By Cash | $ |
|---|---|---|---|---|---|---|---|---|
| | | | | | July | 30 | Rev. Walls | 10.00 |
| | | | | | | | | 5.07 |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

# RECORD OF FUNERAL

Total No. 95 Yearly No. 22 Date July 16 1936

Name of Deceased Mrs. Eliza Etheridge (Single – Married – Divorced) Married Colored (What Race) N. Carolina (Where Born)

Residence of Deceased 46 Astor St. Newark N.J. Husband – Wife – Widow: daughter Mrs. Rosa Harper

Charge to: Mrs. Rosa Harper

Address Arlington St. Newark N.J.

Order given by Mrs. Harper (or informant)

How Secured —

Occupation of Deceased H.W.

Name of Employer

Date of Death May 14, 1936

Date of Birth Febr. (Date) 14th 1904 (Year)

Age 32 (Years) 3 (Months) (Days)

Date of Funeral May 20, 1936 (Date) (Day of Week) 2 P. (Hour) M.

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased Baptist

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Samuel Crawford

His Birthplace N.C.

Maiden Name of Mother Rosa Creek

Her Birthplace N.C.

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Rosehill { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ | |
|---|---|---|
| Complete Funeral | | |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | | |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below | | |

| | To Funeral Charges Total, $ | | By Cash | $ | |
|---|---|---|---|---|---|
| | | | Howard Savings acct. | 10 / 113 | 58 / 42 |

Insurance, $ Names of Lodges

Name of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

# RECORD OF FUNERAL

Total No. 94 Yearly No. 23 Date July 27 1936

Name of Deceased Mrs. Frances Tournier Colored Virginia

Residence of Deceased Ludlow St. Orange — Daughter — Mrs. Barbara Jones

Charge to Mrs. Barbara Jones

Address Orchard St. Orange N.J.

Order given by Mrs. Barbara Jones

How Secured Telephone

Occupation of Deceased H.W.

Name of Employer

Date of Death May 22, 1936

Date of Birth Nov. 18,

Age 74

Date of Funeral See Permit

Services at Residence

Clergyman Methodist

His Address Hickory St.

Religion of the Deceased Methodist

Resided in the State

Place of Death Orange Memorial Hospital

Cause of Death See Permit

Contributory Causes

Certifying Physician

His Address

Name of Father Ephraim Shaw

His Birthplace Va.

Maiden Name of Mother Barbara ?

Her Birthplace Va.

Motor / Ship } Remains to

Size and Style of Casket 6ft 3 Steel gray Hinged Top

Manufactured by Miller Casket Co.

Interment at East Ridgelawn (Cemetery / Crematory)

Double interment (Diagram of Lot or Vault)

Row R

Grave No. 38

Section No. 14

Owner B

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 175 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box Pine | | |
| Burial Vault | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers | | |
| Flowers, $ Rental of Palms, $ | 5 | 00 |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 50 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 225 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ...... or below.

To Funeral Charges. Total, $ By Cash $

Paid

Insurance, $ Names of Lodges

Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

# RECORD OF FUNERAL

Total No. 97 Yearly No. 24 Date July 27 1936

Name of Deceased Mr. Samuel Tatum (Single — Married — Divorced) Colored (What Race) N.J. (Where Born)

Residence of Deceased 64 Monmouth St. Newark Husband—Wife—Widow of son of Mrs. Sarah Tatum

Charge to: Mrs. Sarah Tatum

Address 8 Badger Ave. Newark N.J.

Order given by Mrs. Tatum (or Address)

How Secured

Occupation of Deceased Porter (Cpt. Hosp.)

Name of Employer 207 Stratford Place

Date of Death May 24 1936 (Date) 1:30 A.M. (Hour)

Date of Birth June 8, 1902

Age (Years) (Months) (Days)

Date of Funeral May 27, 1936 Wed. (Date) (Day of Week) 2:30 P.M. (Hour)

Services at Funeral Home

Clergyman Rev. Williams

His Address

Religion of the Deceased

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death 64 Monmouth St.

Cause of Death Stab Wound

Contributory Causes

Certifying Physician County Physician

His Address Newark City Hospital

Name of Father James Tatum

His Birthplace Va.

Maiden Name of Mother Sarah Watkins

Her Birthplace N.J.

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Rosehill { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 165 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 190 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

To Funeral Charges....Total, $

Paid

By Cash $

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Claim

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

98

# RECORD OF FUNERAL

Total No. 98 Yearly No. 24 Date July 27th 1936

Name of Deceased Miss Cozetta Jones (Single – Married – Widowed) Colored Fem (What Race) (Where Born)

Residence of Deceased 144 Charlton St. Newark Husband—Wife—Father—Daughter of John Jones

Charge to Mrs. John Jones

Address 144 Charlton St Newark N.J.

Order given by Mother & Father (or informant)

How Secured

Occupation of Deceased P. S. Pupil

Name of Employer

Date of Death June 1, 1936 (Date) 10:25 A.M. (Hour)

Date of Birth Aug. 19, 1919

Age (Years) (Months) (Days)

Date of Funeral June 3, Thursday (Day of Week) 2 P. (Hour) M.

Services at 170 Broome St.

Clergyman Foster

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Essex Mt. San Verona N.J.

Cause of Death Pulmonary T. B.

Contributory Causes

Certifying Physician Hospital Staff (or Coroner)

His Address

Name of Father John Jones

His Birthplace Ga.

Maiden Name of Mother Emma Rumph

Her Birthplace Ga.

Motor / Ship } Remains to

Size and Style of Casket White Embossed plush (State Color)

Manufactured by N. J. Casket Co. Inc.

Interment at Rosehill { Cemetery / Crematory

Grave card delivered June 21, 1936 to Mrs. Jones

Diagram of Lot or Vault

Lot No.

Grave No. 1072

Section No. 22

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 125 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (From Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 150 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page ...... or below. | | |

| | | To Funeral Charges. Total, $ | $ | ¢ | | | By Cash | $ | ¢ |
|---|---|---|---|---|---|---|---|---|---|
| | | Bal. | 25 | 00 | | | | 25 | 00 |
| Aug | 4 | Paid | 00 | 00 | Aug 4 Paid | | | 100 | 00 |
| | | | | | | | | 25 | 00 |

Insurance, $ Names of Lodges St. Luke Chorus

Names of Insurance Companies Met. Life

We hereby authorize the above funeral and agree to pay the expenses thereof

# RECORD OF FUNERAL

Total No. 99 Yearly No. 25 Date July 21 1936

Cordova (Where Died) S.C. (Where Born)

Name of Deceased Mrs Frank Brown (Single — Married — Divorced) Husband—Wife—Widow—or

Residence of Deceased

Charge to: James Brown

Address

Order given by Family

How Secured Called at office

Occupation of Deceased Laborer

Name of Employer

Date of Death June 11th 1936 2 (Date) (Hour)

Date of Birth July 18th

Age 85 (Years) (Months) (Days)

Date of Funeral June 15 Monday 1936 P.M. (Date) (Day of Week) (Hour)

Services at 210 Broome St.

Clergyman Rev. James A. Wells

His Address Spruce St.

Religion of the Deceased Sanctified

Resided in the State (in U.S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death See permit

Contributory Causes —

Certifying Physician Hospital Staff

His Address Newark City Hospital

Name of Father Steven Brown

His Birthplace S.C.

Maiden Name of Mother Margaret

Her Birthplace S.C.

Motor / Ship } Remains to

Size and Style of Casket Steel Grey side cap. (State Color)

Manufactured by Miller Casket Co

Interment at Rosehill (Cemetery)

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150. | " |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ....with (State Kind) Fluid | | |
| Barber, $ ....Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) ....Hose, $ | | |
| Underwear, $ ....Slippers, $ | | |
| Folding Chairs, $ ....Tarpaulin, $ | | |
| Candelabrum, $ ....Candles, $ | | |
| Door Badge, $ ....Gloves, $ | | |
| Hearse, $ ....Ambulance, $ | | |
| Limousines to Cemetery ....@ $ | | |
| Autos to R. R. Station ....@ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ....Newspapers | | |
| (Names of Newspapers) | | |
| Flowers, $ ....Rental of Palms, $ | | |
| Rental of Tent, $ ....of Temporary Tomb, $ | | |
| Lowering Device, $ ....Cremation, $ | | |
| Opening of Grave or Tomb | 25. | 00 |
| Lining Grave, $ ....Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ....Singers, $ ....Organist, $ | | |
| Railroad or Motor } Tickets, $ ....Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 175. | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ......or below.

| To Funeral Charges. ..Total, $ | | | By Cash | $ | ¢ |
|---|---|---|---|---|---|
| Balance | 115. | 00 | June 11th | 30. | 00 |
| | | | | 20. | 00 |
| | | | | 10. | 00 |

Insurance, $ ........ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof.

# RECORD OF FUNERAL

Total No. 100 Yearly No. 26 Date July 27 1936

Name of Deceased Fannie Brown (Single — Married — Divorced) Colored N. Carolina (Where Born)

Residence of Deceased [illegible] E. Orange Husband—Wife—Widow — Sister — [illegible] Lottie Reed

Charge to Mrs. Lottie Reed

Address E. Orange N. J.

Order given by Mrs. Reed

How Secured Called at Funeral Home

Occupation of Deceased

Name of Employer

Date of Death June 12th 1936 (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at N. Carolina

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Essex Mt. San. Verona

Cause of Death P. T. B.

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to N. Carolina

Size and Style of Casket Silver gray (State Color) Half Couch

Manufactured by N. J. Casket

Interment at N. Carolina { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Tomb

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | | |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 169 | 25 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| To Funeral Charges. Total, $ | | By Cash $ |
|---|---|---|
| | Paid June 26, 1936 | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

# RECORD OF FUNERAL

Total No. 101 Yearly No. 27 Date August 4th 1936

Name of Deceased M. C. Bryant (Single—Married Divorced) Colored (White/Race) Florida (Where Born)

Residence of Deceased Newark N.J. (Husband—Wife—Widow—) Son { Mrs. Rose Bryant

Charge to Mrs. Rose Bryant

Address Marcasman Pl. 205 Howard St. Newark N.J.

Order given by Mrs. Rose Bryant

How Secured Called at 7 P.M.

Occupation of Deceased Laborer

Name of Employer

Date of Death June 13, 1936

Date of Birth See Permit

Age (Years) (Months) (Days)

Date of Funeral June 19 1936 (Date) (Day of Week) 4 P.M. (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death Stab wound (Med)

Contributory Causes

Certifying Physician County Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor/Ship } Remains to

Size and Style of Casket Silver grey (Shape/Color) Hinged top

Manufactured by Miller Casket Co.

Interment at Fairmount { Cemetery / Crematory

Lot No. Section Plot

Grave No. 31

Section No. 11

Owner

Diagram of Lot or Tomb

| | $ | |
|---|---|---|
| Complete Funeral | 225 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (Style-Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 18 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | 25 | 00 |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 268 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below | | |

| To Funeral Charges. Total, $ | 168 | 00 | By Cash Fairmount | $ 100 | 00 |
|---|---|---|---|---|---|
| Paid | | | | | |

Insurance, $ Names of Lodges

Names of Insurance Companies Fairmount Cem.

We hereby authorize the above funeral and agree to pay the expenses thereof

# RECORD OF FUNERAL

Total No. 102 Yearly No. 28 Date August 4th 1936

Name of Deceased Mr. Norman Key (Single—Married—Divorced) Colored (White Race) Alabama (Where Born)

Residence of Deceased 105 W. 134 St. N. Y. City Husband—Wife—Widow or Brother of Lonnie Key

Charge to Mr. Lonnie Key

Address 228 New St. Orange N. J.

Order given by Mr. L. Key (or Indorsed)

How Secured Friend at B. H.

Occupation of Deceased Laborer

Name of Employer

Date of Death June 20, 1936 (Date) About 9 A.M. (Hour)

Date of Birth Lean Norwest

Age (Years) (Months) (Days)

Date of Funeral June 25th Thursday (Day of Week) 2 P.M. (Hour)

Services at Bethel Baptist Church

Clergyman Rev. Neal

His Address W. Race St. Orange

Religion of the Deceased Baptist

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death New York City Sydenham Hosp.

Cause of Death Automobile

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Isaac Key

His Birthplace Ala.

Maiden Name of Mother Anna Wiggins

Her Birthplace Ala.

Motor / Ship } Remains to

Size and Style of Casket Silver gray (State Color) hexagon top

Manufactured by N. J. Casket

Interment at Glendale { Cemetery / Crematory

Diagram of Lot or Vault: Grave of Mrs. Annie Key Montclair

Lot No.

Grave No.

Section No.

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 215 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Quoted) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers | | |
| (Name of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | 7 | 50 |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 20 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 242 | 50 |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below. | | |

To Funeral Charges Total, $ By Cash $

Paid

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Chain

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 103 Yearly No. 29 Date August 4th 1936

Name of Deceased Mrs. Jamie H. Johnson (Single – Married – Divorced) Col. (What Race) (Where Born)

Residence of Deceased 7 Longworth St. Husband – Wife – Widow | 1/22 Jefferson pol. ac.

Charge to: Wife

Address 7 Longworth St. Newark

Order given by Wife (or Informant)

How Secured Called at F. H.

Occupation of Deceased Laborer

Name of Employer

Date of Death June 16 1936 (Date) (Hour)

Date of Birth Oct. 20, 1869

Age 66 (Years) 7 (Months) 25 (Days)

Date of Funeral June 19, 1936 (Date) (Day of Week) 1 P. (Hour) M.

Services at F. H.

Clergyman Rev. Dennis

His Address Broome St.

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Verona Park N. J.

Cause of Death See Record

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket Silver grey (State Color) Half couch

Manufactured by N. J. Casket Co.

Interment at Evergreen { Cemetery / Crematory

Colored
Single
Plot

Diagram of Lot or Vault

Map ~~Lot No.~~ 4

Grave No. 10

Row ~~Section~~ No. 24

Owner

| | | |
|---|---|---|
| Complete Funeral | $ 225 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (Style Color) ... Hose, $ | 15 | 00 |
| Underwear, $ ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Badge, $ ... Gloves, $ | | |
| Hearse, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | 10 | 00 |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| ... Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ... Newspapers (Names of Newspapers) | 1 | 20 |
| Flowers, $ ... Rental of Palms, $ | 16 | 00 |
| Rental of Tent, $ ... of Temporary Tomb, $ | | |
| Lowering Device, $ ... Cremation, $ | | |
| Opening of Grave or Tomb | 50 | 00 |
| Lining Grave, $ ... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor } Tickets, $ ... Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ 317 | 20 |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page ... or below. | | |

| To Funeral Charges. | Total, $ | By Cash | $ |
|---|---|---|---|
| | | Paid June 28, 1936 | |

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Claim

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FRINKMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 104 Yearly No. 30 Date August 4th 1936

Name of Deceased Mr. Alfred T. Brown (Single - Married - Divorced) (Wife's Name) (Widow) Father { Mrs. Eugenia Buck

Residence of Deceased 194 Hill St. Orange N.J.

Charge to Miss Eugenia Buck

Address 194 Hill St Orange N.J.

Order given by Mrs. Buck

How Secured Telephone

Occupation of Deceased Bank Messenger (Retired)

Name of Employer Second Natl. Bank

Date of Death April 13, 1936 9:30 P.M.

Date of Birth

Age 37 (Years) (Months) (Days)

Date of Funeral April 14, Thursday 1 P. M.

Services at St. Johns M.E. Church

Clergyman Pastor

His Address Rectory St. Orange

Religion of the Deceased Methodist

Resided in the State (in U.S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death See Permit

Contributory Causes

Certifying Physician Dr. Wm. T. Stanfield (or Coroner)

His Address Ashwood Ave. Orange

Name of Father Jacob Brown

His Birthplace Md

Maiden Name of Mother Amelia Young

Her Birthplace Md

Motor / Ship } Remains to

Size and Style of Casket Hinged top (State Color) Chestnut

Manufactured by American Casket Co.

Interment at Rosedale Cem. { Cemetery / Crematory

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 265 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 265 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| To Funeral Charges. Total, $ | Paid | By Cash $ |
|---|---|---|

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 105 Yearly No. 31 Date Aug 4th 1936

Name of Deceased Rev. Charles Robert Rogers (Single—Married—Divorced) Col (Wh'g Race) Ga. (Where Born)

Residence of Deceased 40 Rutgers St. Newark Husband—Wife—Widow—or

Charge to: Mrs. Cora Rogers

Address 40 Rutgers St Newark N J

Order given by Wife

How Secured Telephone

Occupation of Deceased Preacher

Name of Employer

Date of Death July 2 1936 (Date) 7:30 A.M. (Hour)

Date of Birth May 15

Age 71 (Years) (Months) (Days)

Date of Funeral July 6 (Date) Monday (Day of Week) 2 P. M. (Hour)

Services at F. H.

Clergyman Rev. Edwin Fields

His Address 44 Thomas St.

Religion of the Deceased Bapist

Resided in the State 40 years (or U.S. or City as Country) (Years) (Months)

Place of Death St. Barnabas Hospital

Cause of Death See Permit

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father unknown

His Birthplace

Maiden Name of Mother Sarah Smith

Her Birthplace unknown

Motor / Ship } Remains to

Size and Style of Casket 6ft 3in Hgrd (State Color) to silver gray

Manufactured by Millyn Casket Co

Interment at Rosehill Cem (Cemetery / Crematory)

Diagram of Lot or Tomb

Lot No.

Grave No.

Section No.

Owner

| | |
|---|---|
| Complete Funeral | $ 150 00 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ..... with ..... Fluid | |
| Barber, $ ..... Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) ..... Hose, $ | |
| Underwear, $ ..... Slippers, $ | |
| Folding Chairs, $ ..... Tarpaulin, $ | |
| Candelabrum, $ ..... Candles, $ | |
| Door Badge, $ ..... Gloves, $ | |
| Hearse, $ ..... Ambulance, $ | |
| Limousines to Cemetery ..... @ $ | |
| Autos to R. R. Station ..... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in ..... Newspapers (Names of Newspapers) | |
| Flowers, $ ..... Rental of Palms, $ | |
| Rental of Tent, $ ..... of Temporary Tomb, $ | |
| Lowering Device, $ ..... Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ..... Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ | |
| Railroad or Motor } Tickets, $ ..... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |
| Entered into Ledger, page ..... or below. | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Aug. | 4 | To Funeral Charges. Total, $ | 100 00 | July | 5 | By Cash | $ 50 | 00 |
| | | | Paid Em Fields | | | | | |

Insurance, $ ..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ..... Signed

Compiled by F. A. Fenneman, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 104 Yearly No. 32 Date Dec. 6th 1936

Name of Deceased Mrs. Georgia Adams Johnson (Wright) Col. (Single — Married — Divorced) (What Race) Georgia (Where from)

Residence of Deceased 39 Bloom St. Newark Husband—Wife—Widow or Sister of } Mrs. Willie Mae Kendall

Charge to Mrs. Willie Mae Kendall

Address 181 West Kinney St. Newark N.J.

Order given by Mrs. Kendall (or informant)

How Secured

Occupation of Deceased Housewife

Name of Employer

Date of Death Nov. 22, 1936 (Date) Hour

Date of Birth

Age about 45 (Years) (Months) (Days)

Date of Funeral 11/25/36 (Date) Friday (Day of Week) 2 P. (Hour) M.

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death

Contributory Causes

Certifying Physician Hospital staff (or Coroner)

His Address Newark City Hospital

Name of Father Jacob Adams

His Birthplace Georgia

Maiden Name of Mother Nola

Her Birthplace Georgia

Motor / Ship } Remains to

Size and Style of Casket 5 ft steel gray, cut top, ... (Shell Cover)

Manufactured by A. C. Co. of Orange N.J.

Interment at Rosehill Cem. { Cemetery / Crematory

| Diagram of Lot or Vault | |
|---|---|
| Grave ... moved to Mrs ... 12/10/36 ... | Lot No. |
| | Grave No. |
| | Section No. |
| | Owner |

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 175 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | 10 | 00 |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | 8 | 00 |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total-Footing of Bill | 218 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

| | | To Funeral Charges. Total, $ | 218 | 00 | Dec. | 5th | By Cash H. E. Brown | $ 100 | 00 |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Mrs. Willie M. Kendall | 118 | 00 |

Insurance, $ Names of Lodges

Names of Insurance Companies Metropolitan Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. PEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 197 Yearly No. 33 Date Dec. 6th 1936

Name of Deceased Bernice Glen (Single—Married—Divorced) Col (White-Race) Georgia (Where Born)

Residence of Deceased 39 Stratford Place 2nd floor (Husband—Wife—Widow—Widower or Daughter) John Glen

Charge to: Mrs. John Glen

Address 39 Stratford Place Newark N.J.

Order given by Mr. John Glen

How Secured Called at funeral Home (or Informant)

Occupation of Deceased Pupil

Name of Employer

Date of Death Nov. 26th 1936 (Hour)

Date of Birth Nov. 10th 1919

Age 16 (Years) (Months) 16 (Days)

Date of Funeral 11/28/36 (Date) Saturday (Day of Week) 2:30 (Hour) at

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased C. M. E.

Resided in the State 13 (Years) (Months) (or U.S. or City or County)

Place of Death Essex Mt. San. Verona N.J.

Cause of Death Pulmonary T.B.

Contributory Causes

Certifying Physician Hospital Staff (or Coroner)

His Address Verona N.J.

Name of Father John Glen

His Birthplace Ga.

Maiden Name of Mother Lobin Bell Roberts

Her Birthplace Ga.

Motor / Ship } Remains to

Size and Style of Casket White Plush Rnd (State Color) Cut top Telephone...

Manufactured by Moyhak of Newark

Interment at Rosehill Cem. { Cemetery / Crematory }

Grave Card delivered to Mrs. John Glen by J.B.C. 12/5/36

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 16 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery 3 @ $ 5 | 15 | 00 |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 205 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

| Date | | To Funeral Charges. | Total, $ | | Date | | By Cash | $ | |
|---|---|---|---|---|---|---|---|---|---|
| Dec. | 5 | To Funeral Charges. | 205 | 00 | Dec. | 5th | Mr. John Glen | 205 | 00 |

Paid

Insurance, $ Names of Lodges

Names of Insurance Companies Metro Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEHNEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 108 Yearly No. 34 Date Dec 11 1936

Name of Deceased Chester R Riggs (Single — Married — Divorced) Col Maryland (What Race) (Where Born)

Residence of Deceased 75 Marshall St. Newark ~~Husband — Wife — Widow~~ of Allie Sands

Charge to Mrs Annie Riggs

Address 25 Lentman St 2nd floor

Order given by Mrs Riggs

How Secured Called at office

Occupation of Deceased Pipe Cutter

Name of Employer Coe & Co

Date of Death April 14, 1936 7:10 AM (Hour)

Date of Birth Feb 12th 1888

Age 48 (Years) 1 (Months) 1 (Days)

Date of Funeral April 18 (Date) (Day of Week) 28 (Hour) M.

Services at ~~Bowman St Church~~

Clergyman Rev Baldwin

His Address 8 Lewis St Newk NJ

Religion of the Deceased Baptist

Resided in the State (in U. S. or City or County) Years Months

Place of Death Newark City Hospital

Cause of Death See Permit

Contributory Causes

Certifying Physician Hospital staff

His Address Newark City Hospital

Name of Father John Riggs

His Birthplace Md

Maiden Name of Mother Delia ?

Her Birthplace Md

Motor / Ship } Remains to

Size and Style of Casket 6 ft Hinged top Half Couch Silver grey plush (State Color)

Manufactured by New Jersey Casket Co

Interment at Fairmount Cem. (Cemetery / Crematory)

Card delivered to Mrs Riggs

Diagram of Lot or Tomb

Lot No. Row 11

Grave No. 11

Section No. Soldiers Plot

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 250 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Desk Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery 1 @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| [illegible] ... & one Bottle ... | 20 | 00 |
| Total Footing of Bill | 305 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below. | | |

| | Total, $ | ¢ | Date | | $ | ¢ |
|---|---|---|---|---|---|---|
| To Funeral Charges | 305 | 00 | April 1936 | By Cash | 75 | 00 |

Insurance, $ Names of Lodges

Names of Insurance Companies Government Claim

We hereby authorise the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 109 Yearly No. 35 Date Dec 11 1936

Name of Deceased Elizabeth J. Harrell (Single, Married, Divorced) Colored (What Race) Georgia (Where Born)

Residence of Deceased Englewood, N.J. Husband, Wife, Widow | Mattie Harrell

Charge to Sister

Address N. Y. State

Order given by Sister

How Secured Phone call (or Informant)

Occupation of Deceased Insurance agent

Name of Employer July 14th 1936

Date of Death (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M

Services at Valdosta Georgia

Clergyman

His Address

Religion of the Deceased

Resided in the State (Town or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner) Permit

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Valdosta Ga. { Cemetery / Crematory

(Diagram of Lot or Tomb)

Lot No.

Grave No.

Section No.

Owner

| | | |
|---|---|---|
| Complete Funeral | $ 115 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page or below. | | |

| To Funeral Charges Total, $ | | By Cash $ |
|---|---|---|
| | Paid | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 110 Yearly No. 36 Date Dec. 11 1936

Name of Deceased: Sanford Harrell (Single—Married—Divorced) Col (What Race) ? (Where Born)

Residence of Deceased: Monmouth St. Husband—Wife—Widow of

Charge to
Address
Order given by
How Secured
Occupation of Deceased
Name of Employer
Date of Death: July 20, 1936 (Date) (Hour)
Date of Birth
Age (Years) (Months) (Days)
Date of Funeral (Date) (Day of Week) (Hour) M.
Services at
Clergyman: Sol
His Address
Religion of the Deceased
Resided in the State (or U. S. or City or County) (Years) (Months)
Place of Death
Cause of Death: Permit
Contributory Causes
Certifying Physician (or Coroner)
His Address
Name of Father
His Birthplace
Maiden Name of Mother
Her Birthplace
Move / Ship } Remains to
Size and Style of Casket (State Color)
Manufactured by
Interment at { Cemetery / Crematory

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Owner

Complete Funeral $
Casket
Metallic Lining
Outside Box (State Kind)
Burial Vault (State Kind)
Embalming Body with Fluid
Barber, $ Hair Dressing, $
Dressing Body
Suit or Dress, $ (State Color) Hose, $
Underwear, $ Slippers, $
Folding Chairs, $ Tarpaulin, $
Candelabrum, $ Candles, $
Door Badge, $ Gloves, $
Hearse, $ Ambulance, $
Limousines to Cemetery @ $
Autos to R. R. Station @ $
Getting Remains from
Taking Remains to
Delivering Box to
Flowers to
Removal Charges
Procuring Burial Permit (State Number and District)
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
Pall Bearer Service
Personal Service
Use of Chapel
Outlay for Lot
Death Notices in Newspapers (Names of Newspapers)
Flowers, $ Rental of Palms, $
Rental of Tent, $ of Temporary Tomb, $
Lowering Device, $ Cremation, $
Opening of Grave or Tomb
Lining Grave, $ Matting, $
Outlay for Shipping Charges
Clergyman, $ Singers, $ Organist, $
Railroad or Motor } Tickets, $ Aeroplane Service, $
Telegr., Phone, Cable or Radio Charges
Cash Advanced
Out of town Undertaker's Charges

Body turned over to City for Burial

[illegible]

Total Footing of Bill $
Less $
Balance $
Entered into Ledger, page or below.

To Funeral Charges. Total, $ By Cash $

Paid

Insurance, $ Names of Lodges
Names of Insurance Companies
We hereby authorise the above funeral and agree to pay the expense thereof
Signed
Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo

# RECORD OF FUNERAL

Total No. 111 Yearly No. 37 Date Dec 11 1936

Name of Deceased Mrs. Elizabeth Searly (Single—Married—Divorced) Col. (What Race) N.J. (Where Born)

Residence of Deceased 88 Waverly Ave Nwk NJ. Husband—Wife—Widow—or Mother of Lavina Searly

Charge to Miss Lavina Searly

Address 13 Boyd St. 2nd floor Nwk NJ

Order given by Miss Searly

How Secured Phone Call

Occupation of Deceased H.W.

Name of Employer —

Date of Death July 23, 1936

Date of Birth August 11 1883

Age 52 (Years) 11 (Months) 11 (Days)

Date of Funeral Sunday (Day of Week) AM M.

Services at Inin Chapel Atlantic Highlands

Clergyman Rev. Solomon Porter Hood

His Address Atlantic Highlands

Religion of the Deceased A.M.E.

Resided in the State Lifetime

Place of Death 88 Waverly Ave. Nwk NJ

Cause of Death See Permit

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father William Searly

His Birthplace N.J.

Maiden Name of Mother Marinda

Her Birthplace N.J.

Motor/Ship Remains to Atlantic Highlands NJ

Size and Style of Casket Half Couch (State Color) grey plush

Manufactured by Miller Casket Co.

Interment at Atlantic Highlands (Cemetery/Crematory)

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Tomb

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 250 | 00 |
| Casket (State Kind) | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | 3 | 00 |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | 15 | 00 |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping-Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 273 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ...... or below.

| | To Funeral Charges. Total, $ | | By Cash | $ |
|---|---|---|---|---|
| | | Paid Aug 20 1936 J.E.C. | | |

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. PEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 112 Yearly No. 38 Date Dec 11 1936

Name of Deceased William Hopkins (Single Married—Divorced) Col. (White Race) Georgia (Where Born)

Residence of Deceased Monmouth St. Nwk Husband—Wife—Widow of

Charge to W. H. May F.D.

Address Augusta Georgia

Order given by Brother

How Secured Recommend by Mrs. Irene

Occupation of Deceased Porter

Name of Employer

Date of Death July 8th 1936 3:07 A.M. (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Essex Co. Isolation Hospital

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to Augusta Georgia

Size and Style of Casket (State Color)

Manufactured by

Interment at { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and Date) | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |

Charges for Embalm Bod By W. H. May Augusta Georgia

Entered into Ledger, page or below.

| To Funeral Charges. Total, $ | By Cash $ |
|---|---|
| | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof.

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 113 Yearly No. 39 Date Dec 11 193-

Name of Deceased Willie Croom (Single Married Widowed) Col (What Race) N.C. (Where Born)

Residence of Deceased Waverly Ave Newk NJ ~~Husband Wife Relative~~ Mary Koontz

Charge to Wife

Address Waverly Ave Cor. Chestnut St

Order given by Wife

How Secured Recommendation of Friend

Occupation of Deceased Porter

Name of Employer Lawrence

Date of Death July 5th 1936

Date of Birth May 11th 1914

Age 23 (Years) 1 (Months) 12 (Days)

Date of Funeral 7/8/36 Wed. (Day of Week)

Services at Residence

Clergyman Rev. Olmsted

His Address Spruce St. Newk NJ

Religion of the Deceased Baptist

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death Auto Accident

Contributory Causes

Certifying Physician County Physician

His Address Newark City Hospital

Name of Father Ellis Croom

His Birthplace N.C.

Maiden Name of Mother Mozella Banks

Her Birthplace N.C.

Motor / Ship } Remains to

Size and Style of Casket Square Arch

Couch Silver Grey plush

Manufactured by N. J. Casket Co.

Interment at Rosehill (Cemetery / Crematory)

Grave card delivered to Mr Croom

Diagram of Lot or Vault

Lot No.

Grave No. 1217

Section No. 22

Owner

| | $ | ¢ |
|---|---|---|
| Complete Funeral | 315 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (Name Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers | | |
| (Name of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | 2 | 00 |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 342 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page ...... or below. | | |

| To Funeral Charges. Total, $ | By Cash $ |
|---|---|
| Paid | |

Insurance, $ Name of Lodges

Names of Insurance Companies Met. Life. Ins. Co

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 114 Yearly No. 40 Date Dec. 11 1936

Name of Deceased Mr. Moses Bowens (Single, Married, Divorced) Colored (What Race) Florida (Where Born)

Residence of Deceased 8 [illegible] Ave. [illegible] Husband—Wife—Widow of Elinor Richardson

Charge to Samuel Bowen & Brother

Address 87 [illegible] Ave. [illegible]

Order given by Brothers

How Secured Came to office

Occupation of Deceased Cleaner & Dyer

Name of Employer H. Feldman & Son

Date of Death July 6th 1936

Date of Birth August 5th

Age 30 (Years) (Months) (Days)

Date of Funeral July 9th 1936 (Day of Week) (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State Seven years (or U.S. or City or County)

Place of Death Essex Mt. San [illegible]

Cause of Death Pulm. T. B.

Contributory Causes

Certifying Physician Hospital Staff (or Coroner)

His Address Verona N. J.

Name of Father Moses Bowen

His Birthplace Valdosta Ga.

Maiden Name of Mother Ella [illegible]

Her Birthplace Lake City Florida

Motor / Ship Remains to

Size and Style of Casket (State Color)

Manufactured by N. J.

Interment at Rosehill Cem (Cemetery / Crematory)

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Tomb

| | $ | |
|---|---|---|
| Complete Funeral | 125 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 150 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ..... or below.

To Funeral Charges. Total, $    Paid    By Cash $

Insurance, $ ........ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof:

Signed

Witness Signed

Compiled by F. J. FEHRMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 113 Yearly No. 40 Date Dec. 11 1936

Name of Deceased Mrs. Theora (McCoy) Tolson (Single — Married — Divorced) Col. (When Born) (Where Born)

Residence of Deceased 143 Prince St. Newark N.J. (Husband—Wife—Widow—er) Jos. Tolson

Charge to: Jos. Tolson

Address 143 Prince St. Newk N.J.

Order given by Husband

How Secured Recommend by Rev. Hicks (by whom informed)

Occupation of Deceased H.W.

Name of Employer

Date of Death July 7th 1936 (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral 7/11/36 Saturday 2 P. M. (Date) (Day of Week) (Hour)

Services at Fremont Home

Clergyman

His Address

Religion of the Deceased Baptist

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death See Permit

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by N. J. Casket Co.

Interment at Rosehill Cem. (Cemetery or Crematory)

Grave Card delivered to Mr. Tolson

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 175 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| | To Funeral Charges Total, $ | | By Cash | $ |
|---|---|---|---|---|
| | | Paid | | |

Insurance, $ Name of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Copyrighted by F. J. PENNEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 114 Yearly No. 121 Date Dec. 11 1936

Name of Deceased Mr. Frank Anderson (Single — Married — Divorced) Col (What Race)

Residence of Deceased West St. Newark N.J. | Embalmer | Julia Palmer

Charge to Wife

Address West St. Newark N.J.

Order given by Wife

How Secured Recommended

Occupation of Deceased Laborer

Name of Employer T. Fink & Son

Date of Death July 29th 1936 6 P.M.

Date of Birth Nov. 1900

Age 35

Date of Funeral Sat. 2 P.M.

Services at Patterson N.J.

Clergyman

His Address Patterson N.J.

Religion of the Deceased Sanctified

Resided in the State

Place of Death Dr. Cahill's Hospital

Cause of Death See Permit

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Wilbert Anderson

His Birthplace S.C.

Maiden Name of Mother Anna ?

Her Birthplace unknown

Motor / Carriage } Remains to Patterson

Size and Style of Casket

Manufactured by

Interment at Fairlawn Cem Patterson { Cemetery / Crematory

Lot No. A

Grave No. 170 Xbeep

Section No. 15

Owner Wife

(Diagram of Lot or Vault:) Wire Card Returned to Mrs Anderson Sat 3, 1936

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box | | |
| Burial Vault | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | 12 | 00 |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | 3 | 50 |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | 48 | 00 |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 213 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

To Funeral Charges ... Total $ | By Cash $

Paid

Insurance, $ Names of Lodges

Names of Insurance Companies Group Insurance

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. RIECHMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 117 Yearly No. 42 Date Dec. 11 1936

Name of Deceased Mr. Theodore Brown (Single Married Divorced) Col (White Race) Ga (Where Born)

Residence of Deceased 248 W. 118 St. N.Y. City  Husband—Wife—Widow of } Eddie Mae Jackson

| | | |
|---|---|---|
| Charge to: Mr. Rufus Brown | Complete Funeral | $ |
| Address 233 W. Rumsey Ave. Newark N.J. | Casket | |
| Order given by Brother | Metallic Lining | |
| How Secured Buried for Mr. Rufus Brown Bro. (or otherwise) | Outside Box (State Kind) | |
| Occupation of Deceased Laborer | Burial Vault (State Kind) | |
| Name of Employer | Embalming Body with (State Kind) Fluid | |
| Date of Death July 14, 1938 (Date) Hour | Barber, $ Hair Dressing, $ | |
| Date of Birth Date unknown | Dressing Body | |
| Age 31 (Years) (Months) (Days) | Suit or Dress, $ (State Kind) Hose, $ | |
| Date of Funeral (Date) (Day of Week) (Hour) M. | Underwear, $ Slippers, $ | |
| Services at | Folding Chairs, $ Tarpaulin, $ | |
| Clergyman | Candelabrum, $ Candles, $ | |
| His Address | Door Badge, $ Gloves, $ | |
| Religion of the Deceased | Hearse, $ Ambulance, $ | |
| Resided in the State (or U. S. or City or County) (Years) (Months) | Limousines to Cemetery @ $ | |
| Place of Death Bellevue Hospital, N.Y.C. | Autos to R. R. Station @ $ | |
| Cause of Death | Getting Remains from | |
| Contributory Causes | Taking Remains to | |
| Certifying Physician (or Coroner) | Delivering Box to | |
| His Address | Flowers to | |
| Name of Father Wade Brown | Removal Charges | |
| His Birthplace Ga. | Procuring Burial Permit (State Number and District) | |
| Maiden Name of Mother Mary Calahan | Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | |
| Her Birthplace Ga. | Pall Bearer Service | |
| Motor / Ship } Remains to Georgia | Personal Service | |
| Size and Style of Casket (State Color) | Use of Chapel | |
| Manufactured by | Outlay for Lot | |
| Interment at Georgia { Cemetery / Crematory | Death Notices in Newspapers | |
| Lot No. | Flowers, $ (Charge of Flowers) Rental of Palms, $ | |
| Grave No. | Rental of Tent, $ of Temporary Tomb, $ | |
| Section No. | Lowering Device, $ Cremation, $ | |
| Owner | Opening of Grave or Tomb | |
| Diagram of Lot or Vault | Lining Grave, $ Matting, $ | |
| | Outlay for Shipping Charges | |
| | Clergyman, $ Singers, $ Organist, $ | |
| | Railroad or Motor } Tickets, $ Berth Service, $ | |
| | Telegr., Phone, Cable or Radio Charges | |
| | Cash Advanced | |
| | Out of town Undertaker's Charges | |
| | Total Footing of Bill | $ |
| | Less | $ |
| | Balance | $ |
| | Entered into Ledger, page or below. | |

| | To Funeral Charges. Total, $ | | By Cash | $ |
|---|---|---|---|---|
| | | | | |

Insurance, $ Names of Lodges

Name of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 118 Yearly No. 43 Date Dec 16th 1934

Name of Deceased Mrs. Susan Tillman (Single — Married — Divorced) Col. (What Race) (Where Born)

Residence of Deceased Monmouth St. Newk. Husband—Wife—Widow of Rev. Tillman

Charge to Rev. Tillman

Address Monmouth St.

Order given by Rev. Tillman (or informant)

How Secured [illegible]

Occupation of Deceased H. W.

Name of Employer

Date of Death May 7th 1934 8 A.M. (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at ~~[illegible]~~

Clergyman Elder Wells

His Address Spruce St. Newk

Religion of the Deceased Sanctified

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death See Certificate

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket Silver gray (State Color) Cut Top

Manufactured by

Interment at Rosehill { Cemetery / Crematory

Lot No.

Grave No. 1112

Section No. 22

Owner Rev. Tillman

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 100 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ...... with (State Kind) ...... Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) ...... Hose, $ | | |
| Underwear, $ ...... Slippers, $ | | |
| Folding Chairs, $ ...... Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Badge, $ ...... Gloves, $ | | |
| Hearse, $ ...... Ambulance, $ | | |
| Limousines to Cemetery ...... @ $ | | |
| Autos to R. R. Station ...... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ...... Newspapers (Names of Newspapers) | | |
| Flowers, $ ...... Rental of Palms, $ | | |
| Rental of Tent, $ ...... of Temporary Tomb, $ | | |
| Lowering Device, $ ...... Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ ...... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | |
| Railroad or Motor } Tickets, $ ...... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 125 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ...... or below.

| | | | $ | ¢ | | | | $ | ¢ |
|---|---|---|---|---|---|---|---|---|---|
| | | To Funeral Charges ... Total | 125 | 00 | | | By Cash | 20 | 00 |
| | | | | | | | | 5 | 00 |

Insurance, $ ...... Name of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ...... Signed

# RECORD OF FUNERAL

Total No. 179 Yearly No. 48 Date Dec 15th 1936

Name of Deceased Mrs. Anna Belle Tyson (Single — Married — Divorced) Col. (What Race) Baptist (Where Born)

Residence of Deceased 180 Barclay St. Newk (Husband — Wife — Widow) Mother

| Item | Details | $ | ¢ |
|---|---|---|---|
| Charge to Daughter — Complete Funeral | | 150 | 00 |
| Address above — Casket | | | |
| Order given by Daughter (or Individual) — Metallic Lining | Bronze (State Kind) | 85 | 00 |
| How Secured New Jersey — Outside Box | (State Kind) | | |
| Occupation of Deceased H.W. — Burial Vault | (State Kind) | | |
| Name of Employer — Embalming Body | with ... Fluid | | |
| Date of Death August 2 1936 10:20 P.M. (Date) (Hour) — Barber, $ ... Hair Dressing, $ | | | |
| Date of Birth — Dressing Body | | | |
| Age about 47 years (Years) (Months) (Days) — Suit or Dress, $ (State Other) Hose, $ | | | |
| Date of Funeral (Date) (Day of Week) (Hour) ... M. — Underwear, $ Slippers, $ | | | |
| Services at Zion Hill Baptist Church — Folding Chairs, $ Tarpaulin, $ | | | |
| Clergyman Rev. J. A. Pullens — Candelabrum, $ Candles, $ | | | |
| His Address Grant Ave Kearney N.J. — Door Badge, $ Gloves, $ | | | |
| Religion of the Deceased Baptist — Hearse, $ Ambulance, $ | | | |
| Resided in the State (or U.S. or City or County) (Years) (Months) — Limousines to Cemetery @ $ | | | |
| Place of Death Essex Co. Isolation Hospital — Autos to R. R. Station @ $ | | | |
| Cause of Death see Certificate — Getting Remains from | | | |
| Contributory Causes — Taking Remains to | | | |
| Certifying Physician Hospital Staff (or Coroner) — Delivering Box to | | | |
| His Address Belleville N.J. — Flowers to | | | |
| Name of Father Ned Tyson — Removal Charges | | | |
| His Birthplace Ga — Procuring Burial Permit (State Registrar and District) | | | |
| Maiden Name of Mother Carrie Curtis — Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | | |
| Her Birthplace Ga — Pall Bearer Service | | | |
| Motor / Ship Remains to — Personal Service | | | |
| Size and Style of Casket Deluxe Gray (Style Case) — Use of Chapel | | | |
| embossed doe cost top, inner sealer — Outlay for Lot | | | |
| Manufactured by Amer Casket Co. — Death Notices in ... Newspapers | | | |
| Interment at Rosehill Cemy (Cemetery / Crematory) — Flowers, $ ... (Name of Newspapers) Rental of Palms, $ | | 10 | 00 |
| Lot No. — Rental of Tent, $ ... of Temporary Tomb, $ | | | |
| Grave No. — Lowering Device, $ ... Cremation, $ | | | |
| Section No. — Opening of Grave or Tomb | | 25 | 00 |
| Owner — Lining Grave, $ ... Matting, $ | | | |
| Outlay for Shipping Charges | | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | | | |
| Teleg., Phone, Cable or Radio Charges | | | |
| Cash Advanced | | | |
| Out of town Undertaker's Charges | | | |
| Total Footing of Bill | | 270 | 00 |
| Less | | | |
| Balance | | | |
| Entered into Ledger, page ... or below. | | | |

Grave card delivered to Daughter

Diagram of Lot or Vault

To Funeral Charges.. Total, $ — By Cash $

Paid
J & C

Insurance, $ ........ Names of Lodges ........

Names of Insurance Companies Met Life Ins. Co. & Fireside Mutual

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed ........

Signed ........

# RECORD OF FUNERAL

Total No. 120 Yearly No. 45 Date Dec. 15 1936

Name of Deceased ... Mitchell ... (Single—Married—Divorced) Col (What Race) (Where Born)

Residence of Deceased 123 S. Washington St. Newark — Husband—Wife—Widow — of

Charge to Father

| | |
|---|---|
| Address | Complete Funeral $ |
| Order given by (or informant) | Casket |
| How Secured | Metallic Lining |
| Occupation of Deceased | Outside Box (State Kind) |
| Name of Employer | Burial Vault (State Kind) |
| Date of Death (Date) (Hour) | Embalming Body with (Sq't. Kind) Fluid |
| Date of Birth | Barber, $ Hair Dressing, $ |
| Age (Years) (Months) (Days) | Dressing Body |
| Date of Funeral (Date) (Day of Week) (Hour) | Suit or Dress, $ (State Color) Hose, $ |
| Services at | Underwear, $ Slippers, $ |
| Clergyman | Folding Chairs, $ Tarpaulin, $ |
| His Address | Candelabrum, $ Candles, $ |
| Religion of the Deceased | Door Badge, $ Gloves, $ |
| Resided in the State (in U. S. or City or County) (Years) (Months) | Hearse, $ Ambulance, $ |
| Place of Death | Limousines to Cemetery @ $ |
| Cause of Death | Autos to R. R. Station @ $ |
| Contributory Causes | Getting Remains from |
| Certifying Physician (or Coroner) | Taking Remains to |
| His Address | Delivering Box to |
| Name of Father | Flowers to |
| His Birthplace | Removal Charges |
| Maiden Name of Mother | Procuring Burial Permit (Case Number and District) |
| Her Birthplace | Certif. Copies of Death Certificates No. (State Physician's or Coroner's) |
| Mother / Ship Remains to | Pall Bearer Service |
| Size and Style of Casket (State Color) | Personal Service |
| | Use of Chapel |
| Manufactured by | Outlay for Lot |
| Interment at (Cemetery) (Crematory) | Death Notices in Newspapers |
| Lot No. | Flowers, $ (Design or Flowers) Rental of Palms, $ |
| Grave No. | Rental of Tent, $ of Temporary Tomb, $ |
| Section No. | Lowering Device, $ Cremation, $ |
| Owner | Opening of Grave or Tomb |
| (Diagram of Lot or Tomb) | Lining Grave, $ Matting, $ |
| | Outlay for Shipping Charges |
| | Clergyman, $ Singers, $ Organist, $ |
| | Railroad / or Motor Tickets, $ Extra Service, $ |
| | Telegr., Phone, Cable or Radio Charges |
| | Cash Advanced |
| | Out of town Undertaker's Charges |
| | Total Footing of Bill $ |
| | Less $ |
| | Balance $ |
| | Entered into Ledger, page or below. |

| To Funeral Charges. Total $ | By Cash $ |
|---|---|
| | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 121 Yearly No. 46 Date Dec 10 1936

Name of Deceased Mrs. Eliza Jones widow (Single – Married – Divorced) Col (What Race) Ga (Where Born)

Residence of Deceased 37 Hecht Newark N J — Husband – Wife – Widow of Tolbert Jones

Charge to: Children

Address above

Order given by Family (or informant)

How Secured Personal Friends

Occupation of Deceased H. W.

Name of Employer

Date of Death August 20, 1936 (Date) A.M. (Hour)

Date of Birth March 10th

Age about 62 (Years) (Months) (Days)

Date of Funeral (Date) Thursday (Day of Week) 21 (Hour)

Services at St. ... A.M.E. Church

Clergyman Rev. Seeney

His Address Union St. Newark N.J.

Religion of the Deceased A.M.E.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death See Permit

Contributory Causes

Certifying Physician Hospital Staff (or Coroner)

His Address Newark N J

Name of Father Geary Crapps

His Birthplace Ga

Maiden Name of Mother Kissie Turner

Her Birthplace Ga

Ship } Remains to

Size and Style of Casket Silver grey half couch (Style Color) with light ... top

Manufactured by Miller Casket Co

Interment at Evergreen { Cemetery / Crematory

Grave card delivered to Mrs. Sarah Crapps Daughter

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| | | |
|---|---|---|
| Complete Funeral | $ 285 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | 50 | 00 |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ 335 | 00 |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page or below. | | |

| | To Funeral Charges... Total, $ | | By Cash | $ |
|---|---|---|---|---|
| | | Paid | | |

Insurance, $ Names of Lodges

Names of Insurance Companies Metr. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 122 Yearly No. 47 Date Dec. 15th 1936

Name of Deceased Mr. Charles Green [illegible] (Single Married Divorced) colored (What Race) [illegible] (Where Born)

Residence of Deceased [illegible] Somerset St. [illegible] N.J. Husband—Wife—Widow of Anna [illegible]

| | | |
|---|---|---|
| Charge to Wife Mrs. Green + Boy | Complete Funeral | $ 200.00 |
| Address [illegible] Somerset St. [illegible] 2nd floor | Casket | |
| Order given by Wife | Metallic Lining (State Kind) | |
| How Secured [illegible] personally | Outside Box (State Kind) | |
| Occupation of Deceased [illegible] helper | Burial Vault (State Kind) | |
| Name of Employer Central R. R. of N. J. [illegible] | Embalming Body with Fluid | |
| Date of Death Sept. 16, 1936 (Date) [illegible] (Hour) | Barber, etc. Disinfecting, $ | |
| Date of Birth January [illegible] | Dressing Body | |
| Age about 52 (Years) (Months) (Days) | Suit or Dress, $ (State Color) Hose, $ | |
| Date of Funeral Sept. 19th (Date) (Day of Week) [illegible] (Hour) M. | Underwear, $ Slippers, $ | |
| Services at Funeral Home | Folding Chairs, $ Tarpaulin, $ | |
| Clergyman | Candelabrum, $ Candles, $ | |
| His Address | Door Badge, $ Gloves, $ | |
| Religion of the Deceased Baptist | Hearse, $ Ambulance, $ | |
| Resided in the State about 14 years (in U.S. or City or County) (Years) (Months) | Limousines to Cemetery @ $ | |
| Place of Death Newark City Hospital | Autos to R. R. Station @ $ | |
| Cause of Death See Permit | Getting Remains from | |
| Contributory Causes | Taking Remains to | |
| Certifying Physician Hospital staff (or Coroner) | Delivering Box to | |
| His Address Newark N.J. | Flowers to | |
| Name of Father [illegible] | Removal Charges | |
| His Birthplace | Procuring Burial Permit (State Number and District) | |
| Maiden Name of Mother | Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Her Birthplace | Pall Bearer Service | |
| Motor / Ship } Remains to | Personal Service | |
| Size and Style of Casket [illegible] grey Hinged top [illegible] (State Color) | Use of Chapel | |
| Manufactured by | Outlay for Lot | |
| Interment at Evergreen Cem. (Cemetery / Crematory) | Death Notices in Newspapers (Names of Newspapers) | |
| Lot No. 4 | Flowers, $ Rental of Palms, $ | 8.00 |
| Grave No. 25 | Rental of Tent, $ of Temporary Tomb, $ | |
| Section No. Row 2 | Lowering Device, $ Cremation, $ | |
| Owner Wife | Opening of Grave or Tomb | 30.00 |
| | Lining Grave, $ Matting, $ | |
| | Outlay for Shipping Charges | |
| | Clergyman, $ Singers, $ Organist, $ | 5.00 |
| | Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| | Telegr., Phone, Cable or Radio Charges | |
| | Cash Advanced [illegible] | 5.00 |
| | Out of town Undertaker's Charges | |
| | Total Footing of Bill | $ |
| | Less | $ |
| | Balance | $ |
| | Entered into Ledger, page or below. | |

Grave Card delivered to Mrs. Green + Boy 10/5/1936

Diagram of Lot or Vault

| To Funeral Charges Total, $ | By Cash | $ |
|---|---|---|
| Paid Oct. 5, 1936 [illegible] | | |

Insurance, $ Names of Lodges

Names of Insurance Companies Group Insurance

We hereby authorize the above funeral and agree to pay the expenses thereof.

Signed

Signed

# RECORD OF FUNERAL

Total No. 123 Yearly No. 78 Date Dec. 15 1936

Colored (What Race) Above ... (What Story)

Name of Deceased Mrs. Alberta Warren (Single — Married — Divorced)

Residence of Deceased ... Washington St. ... New Brunswick N.J. Husband—Wife—Widow Hector Warren

Charge to Mrs. Viona Robinson

Address 16 ... St. New Brunswick N.J.

Order given by Family

How Secured Served before (Appointment)

Occupation of Deceased H.W.

Name of Employer

Date of Death Sept. 16th 1936 (Date) 1.30 P.M. (Hour)

Date of Birth

Age About 55 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at Zyral Memorial A.M.E. Church

Clergyman Rev. Nelson

His Address Vaux Hall N.J.

Religion of the Deceased A.M.E.

Resided in the State Since 1918 (in U.S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death See Permit

Contributory Causes

Certifying Physician See Permit (or Coroner)

His Address

Name of Father Louis Williams

His Birthplace Ala.

Maiden Name of Mother Lena Britt

Her Birthplace Ala.

Motor / Ship } Remains to

Size and Style of Casket Silver Grey ... Hinged top Half Couch

Manufactured by

Interment at Rosehill { Cemetery / Crematory

Grave Card delivered Oct. 3 1936 to Mrs Robinson

Diagram of Lot or Vault

Lot No.

Grave No. 1119

Section No. 22

Owner Daughter

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 230 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | 20 | 00 |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers | | |
| (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Charge for Silver ... Casket | 20 | 00 |
| Total Footing of Bill | 295 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page .... or below. | | |

| To Funeral Charges. Total, $ | By Cash. $ |
|---|---|
| | Paid Sept 30 ... Church |

Insurance, $ .... Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 174 Yearly No. 47 Date Dec. 15th 1936

Name of Deceased Capus Adams (Single — Married — Divorced) Col (What Race) (Where Born)

Residence of Deceased Hillside Place Newark; Husband, Wife, Widow or Son of Mr. & Mrs. Adams

Charge to Mother

Address Hillside Place Newark N.J.

Order given by Uncle (or Allowed)

How Secured Served Family previously

Occupation of Deceased Pupil

Name of Employer

Date of Death Sept 20th 1936 (Date) (Hour)

Date of Birth Feb. 24

Age 12 (Years) (Months) (Days)

Date of Funeral Oct. 2, Wednesday (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased Baptist

Resided in the State 16 years (in U.S. or City or County) (Town) (Months)

Place of Death Medical Center Jersey City

Cause of Death

Contributory Causes See Permit

Certifying Physician (or Coroner)

His Address

Name of Father [illegible] Adams

His Birthplace Lake City Florida

Maiden Name of Mother Minnie Fountain

Her Birthplace Bainbridge Georgia

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Evergreen { Cemetery / Crematory

Lot No. C.S. Blk 29

Grave No. 29

Section No. Row 24

Owner Mother

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 50 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 200 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below. | | |

To Funeral Charges. Total $

Paid Oct 2, 1936 [illegible]

By Cash $

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

# RECORD OF FUNERAL

Total No. 142 ..... Yearly No. 50 ..... Date Dec 15th 1936

Name of Deceased Mrs. Hattie Brown (Single—Married—Divorced) ..... Col. (What Race) ..... Georgia (Where Born)

Husband—Wife—Widow of ..... Foster

Residence of Deceased .....

Charge to: Sister & John Foster

Address 187 Montgomery St. Newark N.J.

Order given by ..... Gibson

How Secured Recommended by Mrs. Gibson

Occupation of Deceased .....

Name of Employer .....

Date of Death Sept 22 1936 ..... 12.00 P.M. (Hour)

Date of Birth Aug. 8, 1886

Age 50 (Years) ..... (Months) ..... (Days)

Date of Funeral ..... (Date) ..... (Day of Week) ..... M.

Services at Savannah Georgia

Clergyman .....

His Address .....

Religion of the Deceased .....

Resided in the State ..... (or U.S. or City or County) ..... (Years) ..... (Months)

Place of Death Newark City Hospital

Cause of Death .....

Contributory Causes .....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Wiley Foster

His Birthplace Ga.

Maiden Name of Mother Laura Evans

Her Birthplace Ga.

Motor / Ship } Remains to Savannah Ga.

Size and Style of Casket Silver Gray (State Quality)

Cut top

Manufactured by .....

Interment at Savannah ..... { Cemetery / Crematory

| | | |
|---|---|---|
| Complete Funeral | $ 150 | 00 |
| Casket ..... | | |
| Metallic Lining ..... | | |
| Outside Box ..... (State Kind) | | |
| Burial Vault ..... (State Kind) | | |
| Embalming Body ..... with ..... Fluid | | |
| Barber, $ ..... Hair Dressing, $ ..... | | |
| Dressing Body ..... | | |
| Suit or Dress, $ ..... (State Cost) Hose, $ ..... | | |
| Underwear, $ ..... Slippers, $ ..... | | |
| Folding Chairs, $ ..... Tarpaulin, $ ..... | | |
| Candelabrum, $ ..... Candles, $ ..... | | |
| Door Badge, $ ..... Gloves, $ ..... | | |
| Hearse, $ ..... Ambulance, $ ..... | | |
| Limousines to Cemetery ..... @ $ ..... | | |
| Autos to R. R. Station ..... @ $ ..... | | |
| Getting Remains from ..... | | |
| Taking Remains to ..... | | |
| Delivering Box to ..... | | |
| Flowers to ..... | | |
| Removal Charges ..... | | |
| Procuring Burial Permit ..... (State Number and District) | | |
| Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's) | | |
| Pall Bearer Service ..... | | |
| Personal Service ..... | | |
| Use of Chapel ..... | | |
| Outlay for Lot ..... | | |
| Death Notices in ..... Newspapers (Names of Newspapers) | | |
| Flowers, $ ..... Rental of Palms, $ ..... | | |
| Rental of Tent, $ ..... of Temporary Tomb, $ ..... | | |
| Lowering Device, $ ..... Cremation, $ ..... | | |
| Opening of Grave or Tomb ..... | | |
| Lining Grave, $ ..... Matting, $ ..... | | |
| Outlay for Shipping Charges ..... | | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ ..... | | |
| Railroad or Motor } Tickets, $ 4 ..... Aero-plane Service, $ ..... | 39 | 31 |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced ..... | 52 | 50 |
| Out of town Undertaker's Charges | 12 | 48 |
| Return fare to Mr. Foster | | |
| Total Footing of Bill | $ 254 | 29 |
| Less ..... | $ | |
| Balance ..... | $ | |
| Entered into Ledger, page ..... or below. | | |

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Owner .....

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | To Funeral Charges. Total, $ | | Oct | 9th | By Cash | $ | 184 | 75 |

Insurance, $ 184.75 ..... Names of Lodges .....

Names of Insurance Companies Mut. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof .....

Signed .....

Witness ..... Signed .....

Compiled by F. J. PRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 124 Yearly No. 51 Date Dec. 15 1936

Name of Deceased Mrs. Lottie Ward (Single – Married – Divorced) Col. (What Race) Georgia (Where Born)

Residence of Deceased 23 Rose St. Newark N.J. Parent – Guardian – Turner Ward

Charge to Husband

Address 204 Charlton St. Newark N.J. Top floor

Order given by Husband

How Secured New Family

Occupation of Deceased H.W.

Name of Employer

Date of Death Sept. 30, 1936 (Date) (Hour)

Date of Birth

Age 31 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) 1 P.M. (Hour)

Services at Funeral Home

Clergyman Rev. Nelson

His Address Vaux Hall N.J.

Religion of the Deceased Methodist

Resided in the State 14 years (or U.S. or Cook County)

Place of Death St. Rosa Home

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Ellis ?

His Birthplace Ga

Maiden Name of Mother

Her Birthplace Ga

Motor / Ship Remains to

Size and Style of Casket Silver gray Cut. top

Manufactured by

Interment at Rosehill Cem (Cemetery / Crematory)

Lot No.

Grave No. #59

Section No. 22

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from New York City | 10 | 00 |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ 5 Singers, $ Organist, $ | 5 | 00 |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 190 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ...... or below.

| To Funeral Charges.... Total $ | | By Cash $ | |
|---|---|---|---|
| | | | |

Insurance, $ ........ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof.

Signed

Signed

# RECORD OF FUNERAL

Total No. 1[illegible] Yearly No. 5[illegible] Date Oct 21 1936 19

Name of Deceased Mrs. Julia Read (Single—Married—Divorced) Colored (What Race) Female (Where Born)

Residence of Deceased 216 South St. [illegible] (Husband—Wife—Widow) [illegible]

Charge to Mrs. Hattie Robinson

Address 216 South St. [illegible]

Order given by Family

How Secured Phone Family (or Otherwise)

Occupation of Deceased H.W.

Name of Employer Dec'd.

Date of Death Oct 19th [illegible] (Date) (Hour)

Date of Birth Aug 1 1867

Age 69 (Years) (Months) 8 (Days)

Date of Funeral Oct 21 Wednesday (Date) (Day of Week) 2 P. M. (Hour)

Services at [illegible] Baptist Church

Clergyman Rev. W. [illegible] Watson

His Address [illegible]

Religion of the Deceased Baptist

Resided in the State 35 years (or U. S. or City of County) (Years) (Months)

Place of Death 216 South St. [illegible]

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address [illegible]

Name of Father Thomas Read

His Birthplace Ga.

Maiden Name of Mother Dorcas [illegible]

Her Birthplace Ga.

Motor / Ship } Remains to

Size and Style of Casket Silver gray (Outer Finish) [illegible] [illegible]

Manufactured by

Interment at Glendale (Cemetery / Mausoleum)

| [illegible] | Lot No. |
|---|---|
| | Grave No. |
| | Section No. |
| | Owner |

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 235 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tapers, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificate, No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | 5 | 00 |
| Lowering Device, $ Cremation, $ | 50 | 00 |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor / Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | 3 | 00 |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 393 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

To Funeral Charges. Total, $ 393

By Cash $ 393 00

Paid Oct 20th 1936

Insurance, $ Names of Lodges

Names of Insurance Companies [illegible] Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 128 Yearly No. 53 Date Dec 31 1936

Name of Deceased George Young (Single - Married - Widowed) Col (What Race) (Where Born)

Residence of Deceased Monmouth st. Newk (Distance) or

Charge to Wife

Address 13 Chestnut St. Newk N. J.

Order given by Wife

How Secured Through past Friend

Occupation of Deceased Cook

Name of Employer

Date of Death (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral Jan 2, 1936 Saturday 2 P M (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Rev. Ward

His Address

Religion of the Deceased Baptist

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death State Hospital Greystone Park

Cause of Death

Contributory Causes

Certifying Physician

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship Remains to

Size and Style of Casket gray embossed plush (State Color) H. Couch

Manufactured by

Interment at Rosehill Cemetery

| | |
|---|---|
| Lot No. | |
| Grave No. | |
| Section No. 1 | |
| Owner | |

Diagram of Lot or Vault: Death cert delivered to Mrs Young

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 225 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| 1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | 1 | 00 |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 20 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page or below. | | |

To Funeral Charges . . . Total $

By Cash $

Paid 1936

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof.

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 177 .......... Yearly No. 54 .......... Date Dec. 11 .......... 19-?

Name of Deceased Mr. Jorgen Britt (Single, Married, Divorced) .......... (Where Born) (When Born) ..........

Residence of Deceased 1 S. Bruce St. Newark N.J. .......... Husband—Wife—Widow ... Mrs. Harriet Britt

Charge to: Mrs. Britt

Address 138 Bruce St. Newark N.J.

Order given by Wife (Relationship)

How Secured Recommended New Family

Occupation of Deceased Laborer

Name of Employer

Date of Death Dec. 7th (Date) (Hour)

Date of Birth Jan. 7th 1878

Age 53 (Years) 8 (Months) 28 (Days)

Date of Funeral (Date) Saturday (Day of Week) 9 A. (Hour)

Services at St. ... Angels Church

Clergyman Father Ahearn

His Address Newark N.J.

Religion of the Deceased Roman Catholic

Resided in the State 31 years (or U.S. or City or County) (Years) (Months)

Place of Death 1 Bruce St. Newark N.J.

Cause of Death Cancer

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father unknown

His Birthplace "

Maiden Name of Mother Thomas ?

Her Birthplace unknown

Motor / Ship } Remains to

Size and Style of Casket Silver Gray (Description) Cent. top

Manufactured by

Interment at Holy Cross (Cemetery / Mausoleum)

Lot No. ..........

Grave No. ..........

Section No. ..........

Owner ..........

Diagram of Lot or Tomb

| | | |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ...... with ...... Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ ...... (State Color) Hose, $ | | |
| Underwear, $ ...... Slippers, $ | | |
| Folding Chairs, $ ...... Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Badge, $ ...... Gloves, $ | | |
| Hearse, $ ...... Ambulance, $ | | |
| Limousines to Cemetery ...... @ $ | | |
| Autos to R. R. Station ...... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. (State Number and Whether) (from Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ...... Newspapers (Names of Newspapers) | | |
| Flowers, $ ...... Rental of Palms, $ | | |
| Rental of Tent, $ ...... of Temporary Tomb, $ | | |
| Lowering Device, $ ...... Cremation, $ | | |
| Opening of Grave or Tomb | 44 | 00 |
| Lining Grave, $ ...... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | |
| Railroad or Motor } Tickets, $ ...... Aeroplane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Mass | 15 | 00 |
| Total Footing of Bill $ | 209 | 00 |
| Less $ | | |
| Balance $ | | |
| Entered into Ledger, page ...... or below. | | |

To Funeral Charges. Total, $ .......... Paid ...

By Cash .......... $

Insurance, $ .......... Names of Lodges ..........

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed ..........

Witness .......... Signed ..........

# RECORD OF FUNERAL

Total No. 136 Yearly No. 55 Date Dec. 31 1936

Name of Deceased Mrs. Hattie Cornelious (Single—Married—Divorced) Col (What Race) Widow (Where Born)

Residence of Deceased [illegible] Husband—Wife—Widow of Alfred Cornelious

Charge to [illegible]

Address 1-5 [illegible] St. [illegible]

Order given by [illegible] (or Informant)

How Secured [illegible]

Occupation of Deceased H.W.

Name of Employer

Date of Death Oct. 14th [illegible] 11 [illegible] (Date) (Hour)

Date of Birth March [illegible] 1874

Age [illegible] (Years) 6 (Months) 21 (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at [illegible] Church

Clergyman Rev R.C. Pulley

His Address [illegible]

Religion of the Deceased Baptist

Resided in the State (or U.S. or City or County) Years Months

Place of Death [illegible] Hospital

Cause of Death [illegible]

Contributory Causes.

Certifying Physician Hospital Staff (or Coroner)

His Address [illegible]

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother Laura [illegible]

Her Birthplace Va

Motor / Ship } Remains to

Size and Style of Casket [illegible] (State Color) Cut top

Manufactured by

Interment at Glendale { Cemetery / Mausoleum

Lot No. Block 1

Grave No. 97

Section No. 3 Row 15

Owner

Diagram of Lot or Tomb: [illegible] Cornelious

| Item | $ |
|---|---|
| Complete Funeral | |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |
| Entered into Ledger, page or below. | |

To Funeral Charges Total, $ Paid

By Cash $

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

# RECORD OF FUNERAL

Total No. 131 Yearly No. 56 Date Jan. 2, 1927 19

Name of Deceased Mrs. Rosie Edmondson (Single Married Divorced) (What Race) N. Carolina (Where Born)

Residence of Deceased 207 Sherwood Ave. Bradford Husband—Wife—Widow {Thomas Edmondson

Charge to: Thomas Ed.

Address 23 ... Newark N. J.

Order given by Husband (or last resort)

How Secured New Family

Occupation of Deceased H. W.

Name of Employer

Date of Death Oct. 25th 1926 (Date) Friday (Hour)

Date of Birth Dec. 26th

Age 30 (Years) (Months) (Days)

Date of Funeral Oct. 28th Thursday (Date) (Day of Week) 2 P. (Hour) M.

Services at 43 ... St. ...

Clergyman

His Address

Religion of the Deceased ?

Resided in the State (in U. S. or City or Country) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death ...

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father ... Robinson

His Birthplace N. Carolina

Maiden Name of Mother Christina Williams

Her Birthplace N. Carolina

Motor / Ship } Remains to

Size and Style of Casket Silver gray plush (Style Color) ... top

Manufactured by

Interment at Rosehill Cem. { Cemetery / Crematory

Diagram of Lot or Tomb — Lot No. — Grave No. — Section No. — Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | 125 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ..... with ..... Fluid | | |
| Barber, $ ..... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) ..... Hose, $ | | |
| Underwear, $ ..... Slippers, $ | | |
| Folding Chairs, $ ..... Tarpaulin, $ | | |
| Candelabrum, $ ..... Candles, $ | | |
| Door Badge, $ ..... Gloves, $ | | |
| Hearse, $ ..... Ambulance, $ | | |
| Limousines to Cemetery ..... @ $ | | |
| Autos to R. R. Station ..... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ..... Newspapers | | |
| (Name of Monument) | | |
| Flowers, $ ..... Rental of Palms, $ | | |
| Rental of Tent, $ ..... of Temporary Tomb, $ | | |
| Lowering Device, $ ..... Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ ..... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ | | |
| Railroad or Motor } Tickets, $ ..... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 150 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page ..... or below. | | |

| | | To Funeral Charges.... Total, $ | | | 1926 | | By Cash | $ | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | " | 26 | | 55 | 00 |
| | | | | | " | 27 | | 20 | 00 |
| | | | | | " | | | 5 | 00 |
| | | | | | Nov | 30 | | 5 | 00 |

Insurance, $ ..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ..... Signed

# RECORD OF FUNERAL

Total No. 130 Yearly No. 55 Date Dec 31 1936

Name of Deceased Mrs. Hattie Cornelious (Single Married Divorced) Col (What Race) Virginia (Where Born)

Residence of Deceased Oakwood [illegible] Husband—Wife—Widow of Alfred Cornelious

Charge to Husband

Address [illegible] St & [illegible] Ave

Order given by Husband

How Secured [illegible]

Occupation of Deceased H W

Name of Employer

Date of Death [illegible] 11 A.M.

Date of Birth [illegible] 1876

Age 59 (Years) 6 (Months) 2[illegible] (Days)

Date of Funeral

Services at [illegible] Church

Clergyman Rev. R. A. Pulley

His Address [illegible]

Religion of the Deceased Baptist

Resided in the State

Place of Death [illegible] Hospital

Cause of Death [illegible]

Contributory Causes

Certifying Physician Hospital Staff

His Address [illegible]

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace Va

Motor / Ship } Remains to

Size and Style of Casket [illegible] (State Color)

Cert. [illegible]

Manufactured by

Interment at Glendale Cemetery / Crematory

[Diagram of Lot or Tomb:] [illegible] [illegible] Cornelious

Lot No. Block 1

Grave No. 97

Section No. 3 Row 13

Owner

| Item | $ |
|---|---|
| Complete Funeral | |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ ... Hose, $ (State Color) | |
| Underwear, $ ... Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Badge, $ ... Gloves, $ | |
| Hearse, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in ... Newspapers (Names of Newspapers) | |
| Flowers, $ ... Rental of Palms, $ | |
| Rental of Tent, $ ... of Temporary Tomb, $ | |
| Lowering Device, $ ... Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |

Entered into Ledger, page ... or below.

| To Funeral Charges. Total, $ | | By Cash $ |
|---|---|---|
| | Wood | |

Insurance, $ ... Names of Lodges

Names of Insurance Companies Met. Life Ins Co

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ... Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 131 Yearly No. 56 Date Jan. 4, 1927 19

Name of Deceased Mrs. Rosie Robinson (Single Married Divorced) Colored (What Race) N. Carolina (Where Born)

Residence of Deceased 207 Sherman Ave Newark — Husband—Wife—Widow of } [illegible]

Charge to Husband

Address 201 Sherman Ave. Newark N.J.

Order given by Husband (or Informant)

How Secured Next Sunday [illegible]

Occupation of Deceased H. W.

Name of Employer —

Date of Death Oct 25th 1926 (Date) 7:30 am (Hour)

Date of Birth [illegible] 24th

Age 30 (Years) (Months) (Days)

Date of Funeral Oct 28th (Date) Thursday (Day of Week) 2 P. (Hour) M.

Services at 28 [illegible] St. Church

Clergyman

His Address

Religion of the Deceased 3

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death [illegible] City Hospital

Cause of Death [illegible]

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father [illegible] Robinson

His Birthplace N. Carolina

Maiden Name of Mother Christina Williams

Her Birthplace N. Carolina

Motor Ship } Remains to

Size and Style of Casket Silver [illegible] (Style Color) Cut Top

Manufactured by

Interment at Rosehill Linden { Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| | | |
|---|---|---|
| Complete Funeral | $ 125 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body (State Kind) with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Hillier's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ 150 | 00 |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page or below. | | |

| | To Funeral Charges. | Total, $ | 1927 | | By Cash | $ | |
|---|---|---|---|---|---|---|---|
| | | | 11 | 26 | | 55 | 00 |
| | | | " | 27 | | 20 | 00 |
| | | | " | | | 5 | 00 |
| | | | Nov | 31 | | 5 | 00 |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 132 Yearly No. 57 Date January 2 1939

Name of Deceased Mrs. Mesanian Thompson (Single—Married—Divorced) Colored (What Race)

Residence of Deceased ... st. Newark Husband—Wife—Widow—of

Charge to Daughter Mrs. Jane ...

Address ... st. Newark N. J.

Order given by Family

How Secured

Occupation of Deceased

Name of Employer

Date of Death Oct 24th 1936 2:30 P.M. (Date) (Hour)

Date of Birth ... 12, 1881

Age 55 (Years) 6 (Months) 17 (Days)

Date of Funeral Nov 2, 1936 (Date) (Day of Week) 2 P (Hour) M.

Services at St ... Church

Clergyman Father

His Address ... N. J.

Religion of the Deceased Protestant Episcopal

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (Stain Color)

Manufactured by

Interment at Evergreen { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Tomb

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 200 | 00 |
| Casket | | |
| Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ Hose, $ (State Color) | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | 30 | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 50 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 290 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| To Funeral Charges. Total, $ | | By Cash $ |
|---|---|---|
| | Paid | |

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 183 Yearly No. 58 Date January 2 1937

Name of Deceased Mrs. Minerva Bradley Colored S. Carolina

Residence of Deceased 191 Belmont Ave Newark NJ Husband—Wife—Widow {Burton Bentley

Charge to Mrs. Annie Davenport daughter

Address 191 Belmont Ave Newark N J

Order given by Daughter

How Secured New Family

Occupation of Deceased H. W.

Name of Employer —

Date of Death Nov. 23 1936

Date of Birth About 1864

Age About 82

Date of Funeral Nov 28, 1936 Saturday 2 P M.

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased Methodist

Resided in the State

Place of Death Newark City Hospital

Cause of Death See Permit

Contributory Causes " "

Certifying Physician "

His Address " "

Name of Father Unknown

His Birthplace "

Maiden Name of Mother "

Her Birthplace "

Motor / Ship Remains to

Size and Style of Casket Steel gray

Coffin: Cut top

Manufactured by Unknown

Interment at Rosehill Cem. {Cemetery / Crematory}

Lot No.

Grave No. 1188

Section No. 22

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 75 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box | | |
| Burial Vault | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ ... Hose, $ | | |
| Underwear, $ ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Badge, $ ... Gloves, $ | | |
| Hearse, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ... Newspapers | | |
| Flowers, $ ... Rental of Palms, $ | | |
| Rental of Tent, $ ... of Temporary Tomb, $ | | |
| Lowering Device, $ ... Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ ... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 100 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

| To Funeral Charges. Total, $ | By Cash $ |
|---|---|
| Paid Balance due Jan 19th 1938 | |

Insurance, $ ... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ... Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 134 Yearly No. 52 Date January 2 1937

Name of Deceased Mrs. Ada Smith (Single—Married—Divorced) Colored (What Race) N.Y. State (Where Born)

Residence of Deceased Irvington St. Newark N.J. Husband—Wife—Widow of John Smith

Charge to Robert Smith

Address Irvington St. Newark N.J.

Order given by Family (or Guardian)

How Secured Ind Family

Occupation of Deceased H.W.

Name of Employer

Date of Death Nov. 29, 1936 (Date) P.M. (Hour)

Date of Birth August 23, 1874

Age 62 (Years) 3 (Months) 6 (Days)

Date of Funeral Dec. (Date) Wed. (Day of Week) 2 P. (Hour) M.

Services at Funeral Home

Clergyman Rev. Kerr

His Address Somerset St. Newark N.J.

Religion of the Deceased Methodist

Resided in the State (or U. S., or City or Country) (Years) (Months)

Place of Death Beth Israel Hospital

Cause of Death Insecticide

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father John Osborne

His Birthplace N.Y.

Maiden Name of Mother Anna

Her Birthplace N.Y.

Motor / Ship } Remains to

Size and Style of Casket Steel gray (State Color) velvet plush H.T. Half Couch

Manufactured by Almer

Interment at Evergreen Cem. { Cemetery / Crematory }

Lot No. Corner Sub Plot

Grave No. H. Row 15

Section No. Map 4

Owner

(Diagram of Lot or Vault): 1 card delivered to Mr Robert Smith

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 240 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) Steel Painted gray | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ Hose, $ (State Color) | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | 10 | 00 |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 50 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ 300 | 00 |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page or below. | | |

| To Funeral Charges Total, $ | | By Cash $ |
|---|---|---|
| | Paid 12/10/36 | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expense thereof

Signed

Signed

Witness

# RECORD OF FUNERAL

Total No. 135 Yearly No. 60 Date January 2, 1936

Name of Deceased [illegible] (Single—Married—Divorced) [illegible] (What Race) [illegible] (Where Born)

Residence of Deceased 1-2 Broom [illegible] Embalmer—Fillers—Helper or Assistant [illegible]

Charge to [illegible]

Address 1-2 Broom St. [illegible]

Order given by brother (Relationship)

How Secured [illegible]

Occupation of Deceased

Name of Employer

Date of Death [illegible] (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral Nov 12, 1936 (Date) (Day of Week) 2 P. M. (Hour)

Services at [illegible]

Clergyman

His Address Washington St. [illegible]

Religion of the Deceased C M C

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Where Remains to

Size and Style of Casket (Name Used)

Manufactured by

Interment at (Cemetery / Crematory)

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| | |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (Name Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Extra Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |
| Entered into Ledger, page or below. | |

| To Funeral Charges. Total, $ | By Cash | $ |
|---|---|---|
| | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expense thereof.

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 136 Yearly No. 64 Date January 2 1937

Name of Deceased [illegible] (Single—Married—Divorced) Colored N. J. (Where Born) (Where Born)

Residence of Deceased 240 W. [illegible] St. [illegible] Husband—Wife—Widow—or of

Charge to Grandmother [illegible]

Address 240 W. [illegible] St. top floor

Order given by Grandmother (or informant)

How Secured [illegible]

Occupation of Deceased Student

Name of Employer

Date of Death [illegible] (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) @ (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket white coffin (State Color)

Manufactured by American

Interment at Rosehill { Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | 45 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | | |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| To Funeral Charges. Total $ | By Cash $ |
|---|---|
| | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN: St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 137 Yearly No. 62 Date January 2 1917

Name of Deceased Mrs. Rosa [illegible] (Single Married Divorced) Colored (What Race) [illegible] (Where Born)

Residence of Deceased [illegible] St. Newark, N. J. Husband—Wife—Widow [illegible]

Charge to Mr. Floyd [illegible]

Address 261 [illegible] St. 3d floor

Order given by Husband

How Secured Recommended by friend

Occupation of Deceased H. W.

Name of Employer

Date of Death Nov. 29th 1916 (Date) (Hour)

Date of Birth Sept. 20th

Age 34 (Years) (Months) (Days)

Date of Funeral Dec. 5th Saturday 2 P. M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Rev. [illegible]

His Address [illegible] St. Newark

Religion of the Deceased Baptist

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death [illegible]

Contributory Causes " "

Certifying Physician (or Coroner)

His Address

Name of Father [illegible] Armstrong

His Birthplace [illegible]

Maiden Name of Mother Carrie ?

Her Birthplace [illegible]

Motor / Ship } Remains to

Size and Style of Casket [illegible] (Stain Color)

Cut Top Coffin

Manufactured by [illegible]

Interment at Rosedale { Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No. 1213

Section No. 20

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 50 | 00 |
| Casket |  |  |
| Metallic Lining (State Kind) |  |  |
| Outside Box (State Kind) |  |  |
| Burial Vault (State Kind) |  |  |
| Embalming Body with Fluid |  |  |
| Barber, $ Hair Dressing, $ |  |  |
| Dressing Body |  |  |
| Suit or Dress, $ (State Color) Hose, $ |  |  |
| Underwear, $ Slippers, $ |  |  |
| Folding Chairs, $ Tarpaulin, $ | 1. |  |
| Candelabrum, $ Candles, $ |  |  |
| Door Badge, $ Gloves, $ |  |  |
| Hearse, $ Ambulance, $ |  |  |
| Limousines to Cemetery @ $ | 5 | 00 |
| Autos to R. R. Station @ $ |  |  |
| Getting Remains from |  |  |
| Taking Remains to |  |  |
| Delivering Box to |  |  |
| Flowers to |  |  |
| Removal Charges |  |  |
| Procuring Burial Permit (State Number and District) |  |  |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) |  |  |
| Pall Bearer Service |  |  |
| Personal Service |  |  |
| Use of Chapel |  |  |
| Outlay for Lot |  |  |
| Death Notices in Newspapers (Names of Newspapers) |  |  |
| Flowers, $ Rental of Palms, $ |  |  |
| Rental of Tent, $ of Temporary Tomb, $ |  |  |
| Lowering Device, $ Cremation, $ |  |  |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ |  |  |
| Outlay for Shipping Charges |  |  |
| Clergyman, $ Singers, $ Organist, $ |  |  |
| Railroad or Motor Tickets, $ Aeroplane Service, $ |  |  |
| Telegr., Phone, Cable or Radio Charges |  |  |
| Cash Advanced |  |  |
| Out of town Undertaker's Charges |  |  |
| Total Footing of Bill | 80 | 00 |
| Less |  |  |
| Balance |  |  |

Entered into Ledger, page or below.

| | To Funeral Charges. Total, $ | | | By Cash | $ |
|---|---|---|---|---|---|
| | | | | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 138 Yearly No. 63 Date January 3 1937

Name of Deceased Mrs. Mabel Fain (Single — Married — Divorced) Colored Dayton Ohio (What Race) (Where Born)

Residence of Deceased 181 Broome St. Newark N.J. Husband—Wife—Widow of Walter H. Fain

Charge to Husband

Address 181 Broome St 1st Floor (Store)

Order given by Husband

How Secured Recommended

Occupation of Deceased H. Wife

Name of Employer

Date of Death Nov. 10th 1936

Date of Birth Unknown

Age 24 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) @ (Hour) M.

Services at Muncie Indiana

Clergyman

His Address

Religion of the Deceased

Resided in the State ... in U.S. ... in City or County (Years) (Months)

Place of Death 181 Broome St. Newark N.J.

Cause of Death Pneumonia

Contributory Causes ?

Certifying Physician Dr. Brancellio (Coroner)

His Address 9th Ave. Newark N.J.

Name of Father ? Stone

His Birthplace Ohio

Maiden Name of Mother Rosa ?

Her Birthplace unknown

Motor / Ship } Remains to

Size and Style of Casket Silver grey (Give Color) Hexagonal top

Manufactured by American

Interment at Muncie Indiana { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 125 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box Pine Bound grey (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with ... Fluid (State Kind) | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ ... Hose, $ (State Color) | | |
| Underwear, $ ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Badge, $ ... Gloves, $ | | |
| Hearse, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charge | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ... Newspapers (Names of Newspapers) | | |
| Flowers, $ ... Rental of Palms, $ | | |
| Rental of Tent, $ ... of Temporary Tomb, $ | | |
| Lowering Device, $ ... Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | 2 | 00 |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 127 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

| To Funeral Charges. Total, $ | | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance, $ ... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ... Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 139 Yearly No. 44 Date January 2 1931

Name of Deceased Mrs. Frances Robinson (Single Married Divorced) Colored George (Wife's Name) (Wife's Name)

Residence of Deceased 52 Avon Place Newark N.J. - wife - Pheonix Robinson

Charge to: Mr. John Payne

Address 52 Avon Place 3d floor

Order given by Family

How Secured Old Family

Occupation of Deceased H. W.

Name of Employer

Date of Death Nov. 29th at 12 P.M. (Hour)

Date of Birth Nov. 25th

Age 27 (Years) (Months) (Days)

Date of Funeral Dec 1st Tuesday 2 P. M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Rev. J. A. Cullins

His Address Grant Ave. Kearney

Religion of the Deceased Baptist

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Essex Mt. San. Verona

Cause of Death Pulmonary T. B.

Contributory Causes

Certifying Physician See Report (or Coroner)

His Address

Name of Father James Harris

His Birthplace Ga.

Maiden Name of Mother Rose ?

Her Birthplace Ga.

Motor / Ship } Remains to

Size and Style of Casket Silver Grey (State Color) Cut top

Manufactured by American

Interment at Evergreen { Cemetery / Crematory }

Grave card delivered to Mr John Payne

Diagram of Lot or Tomb

Lot No. Col. Single Plot

Grave No. G Row 15

Section No. Map 4

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 1.0 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | 1 | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | 5 | 00 |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 50 | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 185 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| | To Funeral Charges. Total, $ | | By Cash | $ |
|---|---|---|---|---|
| | Paid E. C. Dec 12 1936 | | | |

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins. Co

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 146 Yearly No. 65 Date January 2 1937

Name of Deceased: Master Samuel Jordan (Single — Married — Widowed) Colored (What Race) (Where Born)

Residence of Deceased: Morris St E. Orange N.J. (Husband—Wife—Widow) Son of A. L. Jordan

Charge to: Father

Address: Morris St. E. Orange N.J.

Order given by: Father [illegible]

How Secured: Served family previously

Occupation of Deceased: [illegible]

Name of Employer

Date of Death: December 7, 1936

Date of Birth: March 6th

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week)

Services at: North Clinton Baptist Church

Clergyman: [illegible]

His Address

Religion of the Deceased: Baptist

Resided in the State

Place of Death: Essex Co. Isolation Hospital (R. F. D. or City or County) (Years) (Months)

Cause of Death: Pulmonary T. B.

Contributory Causes: [illegible]

Certifying Physician (or Coroner)

His Address

Name of Father: Abraham L. Jordan

His Birthplace: [illegible]

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket: 5 ft. White embossed plush cov. Casket (State Color)

Manufactured by: American

Interment at: Clinton { Cemetery / Crematory

Diagram of Lot or Tomb: [illegible] delivered to Mr. Jordan

Lot No.

Grave No.

Section No.

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) [illegible] (State Kind) | | |
| Burial Vault | | |
| Embalming Body (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certd. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 10 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 190 | 00 |
| Less | 3 | 00 |
| Balance | 190 | 00 |

Entered into Ledger, page ... or below.

To Funeral Charges. Total, $ — Paid 12/14/36 — By Cash $

Insurance, $ Names of Lodges

Names of Insurance Companies: Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 141 Yearly No. 66 Date January 2 1937

Name of Deceased Mrs. [illegible] Jones (Single — Married — Divorced) Colored (What Race) (Where Born)

Residence of Deceased [illegible] Newark (Husband—Wife—Widow—of) George Jones

Charge to Mr. George Jones

Address 177 [illegible] St. Newark N. J.

Order given by [illegible] (or Informant)

How Secured [illegible]

Occupation of Deceased H. W.

Name of Employer

Date of Death Dec. 3, 1936 (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral Dec. 7, 1936 Monday (Date) (Day of Week) 2 P. (Hour) M.

Services at Funeral Home

Clergyman Rev. [illegible]

His Address Somerset St. Newark N. J.

Religion of the Deceased Methodist

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death [illegible]

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Evergreen { Cemetery / Crematory

Grave card delivered to Mr. Jones Feb. 26th 1937

Diagram of Lot or Tomb

Lot No.

Grave No.

Section No.

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 130 | 00 |
| Casket Charges for [illegible] | 10 | 00 |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Caddelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | 10 | 00 |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 50 | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 200 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

To Funeral Charges. Total, $ By Cash

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 2 Yearly No. 67 Date January 2 1937

Name of Deceased John Williams (Single—Married—Divorced) Colored (White Race) (Where Born)

Residence of Deceased 173 West Market St. Apt. 19 Husband—Wife—Widow of Lucy D. Williams

Charge to Wife

Address 173 W. Market St. Newk N J

Order given by Wife

How Secured Recommended by Mr. Jones

Occupation of Deceased Worker

Name of Employer W. P. A.

Date of Death Dec. 5th 1936 (Hour)

Date of Birth (Month) (Day) (Year)

Age (Years) (Months) (Days)

Date of Funeral Dec. 12th 1936 (Date) (Day of Week) 2 P. M. (Hour)

Services at Funeral Home

Clergyman Rev. Green Fields

His Address Thomas St

Religion of the Deceased Baptist

Resided in the State (or U. S. as City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death See Permit

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket Coffin gray cloth and top board

Manufactured by Unknown

Interment at { Cemetery / Crematory

Lot No.

Grave No. 1442

Section No. 22

Owner

Diagram of Inter Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 50 | 00 |
| Casket |  |  |
| Metallic Lining |  |  |
| Outside Box (State Kind) |  |  |
| Burial Vault (State Kind) |  |  |
| Embalming Body with (State Kind) Fluid |  |  |
| Barber, $ Hair Dressing, $ |  |  |
| Dressing Body |  |  |
| Suit or Dress, $ Hose, $ (State Color) |  |  |
| Underwear, $ Slippers, $ |  |  |
| Folding Chairs, $ Tarpaulin, $ |  |  |
| Candelabrum, $ Candles, $ |  |  |
| Door Badge, $ Gloves, $ |  |  |
| Hearse, $ Ambulance, $ |  |  |
| Limousines to Cemetery @ $ |  |  |
| Autos to R. R. Station @ $ |  |  |
| Getting Remains from |  |  |
| Taking Remains to |  |  |
| Delivering Box to |  |  |
| Flowers to |  |  |
| Removal Charges |  |  |
| Procuring Burial Permit (State Number and District) |  |  |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) |  |  |
| Pall Bearer Service |  |  |
| Personal Service |  |  |
| Use of Chapel |  |  |
| Outlay for Lot |  |  |
| Death Notices in Newspapers (Names of Newspapers) |  |  |
| Flowers, $ Rental of Palms, $ |  |  |
| Rental of Tent, $ of Temporary Tomb, $ |  |  |
| Lowering Device, $ Cremation, $ |  |  |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ |  |  |
| Outlay for Shipping Charges |  |  |
| Clergyman, $ Singers, $ Organist, $ |  |  |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ |  |  |
| Teleg., Phone, Cable or Radio Charges |  |  |
| Cash Advanced |  |  |
| Out of town Undertaker's Charges |  |  |
| Total Footing of Bill | 75 | 00 |
| Less |  |  |
| Balance |  |  |
| Entered into Ledger, page or below. |  |  |

| To Funeral Charges....Total, $ | By Cash $ |
|---|---|
|  |  |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness Signed

Signed

# RECORD OF FUNERAL

Total No. 1 Yearly No. 68 Date [illegible] 2 1937

Name of Deceased Mrs. Minerva Jones (Single — Married — Divorced) Colored (What Race) [illegible] (Where Born)

Residence of Deceased Wallace St. Orange N.J. Husband—Wife—Widow

Charge to Mrs. Malcolm Jones (Son)

Address 208 Wallace St. Orange

Order given by Family

How Secured Served [illegible] family (Suggestions) persons

Occupation of Deceased Housewife

Name of Employer

Date of Death Oct. 22, 1936 (Date) (Hour)

Date of Birth [illegible] [illegible]

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at Bethel Baptist Church

Clergyman Rev. Johnson

His Address Wallace St. Orange N.J.

Religion of the Deceased Baptist

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death See Coroner

Contributory Causes

Certifying Physician J.W. Lewis (or Coroner)

His Address Oakwood Ave. Orange N.J.

Name of Father See Coroner

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket [illegible] Gray (Give Color) Hinged top

Manufactured by Miller Casket Co.

Interment at Bloomfield { Cemetery / Crematory

Entered in grave with her Husband

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| | | |
|---|---|---|
| Complete Funeral | $200 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (From Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 30 | [illegible] |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $230 | 00 |
| Less | $ 5 | 00 |
| Balance | $225 | 00 |

Entered into Ledger, page or below.

| | | | 1936 | | |
|---|---|---|---|---|---|
| To Funeral Charges.... Total, $ | 12 | 16 | By Cash | $172 | 00 |
| | 12 | 28 | | 65 | 00 |

Paid [illegible]

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins. Co. & Continental Casualty Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

# RECORD OF FUNERAL

Total No. 144 Yearly No. 49 Date [illegible] 2 1937

Name of Deceased Mrs. Sylvester O'Neal (Single—Married—Widowed) Colored (What Race) Tex. (Where Born)

Residence of Deceased [illegible] Newark 2nd Floor Husband—Wife—Widow | [illegible]

Charge to [illegible] (Brother)

Address 100 [illegible] N. Newark N.J.

Order given by Brother

How Secured [illegible] Family Persons

Occupation of Deceased [illegible]

Name of Employer Self

Date of Death Dec 24, 1936 11.0 P.M. (Date)

Date of Birth

Age [illegible] (Years) (Months) (Days)

Date of Funeral Dec 29, 1936 (Date) (Day of Week) (Hour) M.

Services at Funeral Home

Clergyman [illegible]

His Address [illegible]

Religion of the Deceased Baptist

Resided in the State 9 (U.S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death Auto Accident

Contributory Causes Skull Fracture

Certifying Physician Dr. H. S. Malbone

His Address [illegible] City Hospital (or Company)

Name of Father [illegible] O'Neal

His Birthplace [illegible]

Maiden Name of Mother [illegible] Holmes

Her Birthplace [illegible]

Motor / Ship } Remains to

Size and Style of Casket [illegible] grey (State Color) Cut Top

Manufactured by American Casket Co

Interment at Evergreen { Cemetery / Crematory }

| [illegible] 12/29/36 | Lot No. |
|---|---|
| | Grave No. |
| | Section No. |
| Diagram of Lot or Vault | Owner |

| Item | $ | |
|---|---|---|
| Complete Funeral | 180 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (Style Cubic) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 50 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 180 | 00 |
| Less | 5 | 00 |
| Balance | 175 | |
| Entered into Ledger, page ....or below. | | |

| To Funeral Charges... Total, $ | | By Cash | 175 | 00 |
|---|---|---|---|---|

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 1145 Yearly No. 70 Date January 2 1937

Name of Deceased Mrs. Maria Hamilton (Single – Married – Divorced) married (When Born) Virginia (Where Born)

Residence of Deceased 26 Livingston St. Newark — Husband – Wife – Widow(er) of Allen W. Hamilton

Charge to: Mr. Allen W. Hamilton

Address 26 Livingston St. Newark N. J.

Order given by Husband (or informant)

How Secured Served Family Arrangement

Occupation of Deceased H. W.

Name of Employer

Date of Death Dec 10th 1936 (Date) (Hour)

Date of Birth Sept. 26 1879

Age 57 (Years) 2 (Months) 14 (Days)

Date of Funeral Dec 14th (Date) Monday (Day of Week) 2 P. (Hour) M.

Services at Funeral Home

Clergyman Elder Brown

His Address Livingston St. Newark

Religion of the Deceased

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death [illegible]

Contributory Causes [illegible]

Certifying Physician [illegible] (or Coroner)

His Address [illegible] Ave Newark N. J.

Name of Father William Johnson

His Birthplace Virginia

Maiden Name of Mother Mattie Davis

Her Birthplace Va.

Motor / Ship } Remains to

Size and Style of Casket Silver grey (mahogany) embossed plush hinge top

Manufactured by

Interment at Evergreen Cem. { Cemetery / Crematory

Diagram of Lot or Vault

Lot No. C. S. Plot

Grave No. M

Section No. Row 15

Owner Map 4

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 50 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 200 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ..... or below.

| To Funeral Charges. | Total, $ | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance, $ ..... Names of Lodges .....

Names of Insurance Companies .....

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed .....

Witness ..... Signed .....

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 144 Yearly No. 71 Date January 2 1937

Name of Deceased Mrs. Virginia [illegible] (Single—Married—Divorced) [illegible] (What Race) (Where Born)

Residence of Deceased [illegible] (Husband—Wife—Widow—of) Horace Williams

Charge to [illegible]

Address [illegible]

Order given by Husband

How Secured First call in family

Occupation of Deceased H W

Name of Employer

Date of Death Dec 14th (Date) 4 "A M" (Hour)

Date of Birth March 11, 1884

Age 52 (Years) (Months) (Days)

Date of Funeral Dec 22, 1936 (Date) (Day of Week) 2 (Hour) M

Services at [illegible] Baptist Church

Clergyman Rev. [illegible] Williams

His Address [illegible]

Religion of the Deceased Baptist

Resided in the State (or U. S., or City or County) 50 (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes See [illegible]

Certifying Physician " " (or Coroner)

His Address " "

Name of Father Edward [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship | Remains to

Size and Style of Casket [illegible] (State Color) [illegible]

Manufactured by [illegible] Casket Co

Interment at [illegible] (Cemetery / Crematory)

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 225 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery 3 @ $ 6 | 18 | 00 |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | 15 | 00 |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 21 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 279 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below. | | |

| Date | To Funeral Charges. Total, $ | $ | ¢ | Date | | By Cash | $ | ¢ |
|---|---|---|---|---|---|---|---|---|
| Dec 22 | To Funeral Charges. Total, $ | 258 | 00 | Dec | 22 | By Cash | 21 | 00 |

Paid 1/4/37

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 117 Yearly No. 72 Date January 2 1937

Name of Deceased Mrs. Viola Humphrey (Single—Married—Divorced) Colored [illegible] (Where Born) (Where Buried)

Residence of Deceased 128 Somerset St. Newk N.J. Husband—Wife—Widow of Odell Humphrey

Charge to Mr. Odell Humphrey (Husband)

Address 128 Somerset St. Newk N.J. 2nd [illegible]

Order given by Husband

How Secured New family First Call

Occupation of Deceased H. W.

Name of Employer

Date of Death Dec 4th 1936 (Hour)

Date of Birth

Age 25 (Years) (Months) (Days)

Date of Funeral Dec 15, 1936 (Day of Week) 2 P M. (Hour)

Services at Funeral Home

Clergyman Rev. McClendon

His Address Cor. Barclay & Montgomery Sts

Religion of the Deceased Baptist

Resided in the State 2 (or U. S. or City or County) (Years) (Months)

Place of Death 236 Broome St. Newk N.J.

Cause of Death Homicide Throat Cut

Contributory Causes

Certifying Physician Dr. H. S. Martland

His Address Newark City Hospital

Name of Father Coley Jackson

His Birthplace unknown

Maiden Name of Mother Ola Wright

Her Birthplace Henry Co Alabama

Motor / Ship } Remains to

Size and Style of Casket Silver grey (State Color)

Coffer and [illegible]

Manufactured by Crane [illegible]

Interment at Rosehill (Cemetery / Crematory)

Lot No.

Grave No. 1189

Section No. 22

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 75 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 20 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 100 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

To Funeral Charges... Total, $

By Cash $ 16 00

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 148 Yearly No. 73 Date January 2 1937

Name of Deceased Mr. [illegible] Williams (Single—Married, Divorced) (What Race) (Where Born)

Residence of Deceased [illegible] Husband, Wife, Widow or Widower [illegible] Williams

Charge to [illegible]

Address [illegible]

Order given by [illegible] (or informant)

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer [illegible]

Date of Death Dec. [illegible] (Date) (Hour)

Date of Birth [illegible]

Age [illegible] (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour) M.

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U.S. or City or County) [illegible] (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address [illegible] City Hospital

Name of Father [illegible]

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket [illegible] (State Color) Copper [illegible]

Manufactured by American

Interment at Rosehill { Cemetery / Crematory }

Diagram of Lot or Vault

Lot No.

Grave No. 127

Section No. 22

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 60 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 85 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| To Funeral Charges. Total, $ | By Cash $ 25.63 |
|---|---|

Insurance $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. WEBERMAN, St. Louis, Mo.

Mr 2-3490 149

# RECORD OF FUNERAL

Total No. 149 Yearly No. 24 Date January 2 1937

Name of Deceased Mr. William Hand (Single – Married – Divorced) Colored (What Race) (Where Born)

Residence of Deceased [illegible] — Husband—Wife—Widow or Single — Mrs [illegible]

Charge to: Mrs. Minnie Johnson [illegible]

Address [illegible]

Order given by [illegible]

How Secured [illegible]

Occupation of Deceased None

Name of Employer —

Date of Death Dec 24th 1936

Date of Birth Unknown

Age About 77 (Years) (Months) (Days)

Date of Funeral Dec 29th Tuesday (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Elder Wells

His Address Spruce St. [illegible]

Religion of the Deceased Baptist

Resided in the State 17 (Years) (Months)

Place of Death Newark City Hospital

Cause of Death Auto accident

Contributory Causes [illegible]

Certifying Physician Dr. H. S. Martland

His Address Newark City Hospital

Name of Father Unknown

His Birthplace —

Maiden Name of Mother —

Her Birthplace —

Motor / Ship } Remains to

Size and Style of Casket Steel [illegible] (State Color)

Manufactured by [illegible]

Interment at Rosehill Cem. { Cemetery / Crematory

Lot No.

Grave No. 1287

Section No. 22

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 125 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with ... Fluid (State Kind) | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ ... Hose, $ (State Color) | | |
| Underwear, $ ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Badge, $ ... Gloves, $ | | |
| Hearse, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ... Newspapers (Names of Newspapers) | | |
| Flowers, $ ... Rental of Palms, $ | | |
| Rental of Tent, $ ... of Temporary Tomb, $ | | |
| Lowering Device, $ ... Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ ... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 150 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

| | To Funeral Charges. . Total, $ | | | By Cash | $ |
|---|---|---|---|---|---|
| | | Paid Jan 16 1937 [illegible] | | | |

Insurance, $ ... Name of Lodge ...

Names of Insurance Companies ...

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed...

Signed...

Witness...

Compiled by F. F. [illegible], St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 150 .......... Yearly No. 75 .......... Date January 2 .......... 1936

Name of Deceased Mr. [illegible] Roy (Single — Married — Divorced) Colored (What Race) [illegible] N. J. (Where Born)

Residence of Deceased [illegible] Husband—Wife—Widow— of [illegible]

Charge to [illegible] Charles Roy (Guest)

Address 55 [illegible] N. J.

Order given by Family

How Secured Friends (If Informant) [illegible]

Occupation of Deceased Porter [illegible]

Name of Employer

Date of Death Dec. 27th [illegible] P. M. (Date) (Hour)

Date of Birth March 4th 1901

Age [illegible] (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour) M.

Services at [illegible]

Clergyman [illegible]

His Address [illegible]

Religion of the Deceased Episcopalian

Resided in the State [illegible] (in U. S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes

Certifying Physician Dr. [illegible]

His Address [illegible] City Hospital (If Coroner)

Name of Father Charles Roy

His Birthplace [illegible]

Maiden Name of Mother Ada [illegible]

Her Birthplace [illegible] N. Y.

Motor / Ship } Remains to

Size and Style of Casket [illegible] grey (State Color) [illegible] top

Manufactured by American

Interment at Glendale { Cemetery / Crematory

Diagram of Lot or Vault

~~Lot No.~~ [illegible] Row 16

Grave No. 41

Section No. 3

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 130 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | 12 | 00 |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 55 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 197 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below. | | |

To Funeral Charges. Total, $ .......... By Cash ..........

Paid 1/6/37 by [illegible]

Insurance, $ .......... Names of Lodges ..........

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expense thereof ..........

Signed ..........

Witness .......... Signed ..........

# RECORD OF FUNERAL

Total No. 158 Yearly No. 76 Date January 2, 193[illegible]

Name of Deceased Mrs. Florence Wheeler (Single — Married — Divorced) Colored (White Black) Virginia (Where Born)

Residence of Deceased 63 Wentworth Place, Orange Husband—Wife—Widow— Mother { Frank Battles

Charge to Mr. Frank Battles

Address [illegible] Orange

Order given by Son

How Secured [illegible]

Occupation of Deceased H.W.

Name of Employer At Home

Date of Death Dec. 29th 1935 (Date) 7:30 A.M. (Hour)

Date of Birth Around 1858

Age About 78 (Years) (Months) (Days)

Date of Funeral Dec. 31st (Date) Tuesday (Day of Week) 2 P.M. (Hour)

Services at Funeral Home

Clergyman Rev. George [illegible] Prescott

His Address [illegible] Place, Orange, N.J.

Religion of the Deceased P. B.

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death 63 Wentworth Place, Orange

Cause of Death [illegible]

Contributory Causes

Certifying Physician Dr. George Prescott Arnold (or Coroner)

His Address Orange, N.J.

Name of Father [illegible] Albert

His Birthplace Va.

Maiden Name of Mother Elizabeth Jones

Her Birthplace Va.

Motor / Ship } Remains to

Size and Style of Casket Steel [illegible] (State Color) Half Couch [illegible] plush

Manufactured by [illegible]

Interment at Fairmount (Cemetery / Crematory)

| Diagram of Lot or Vault | |
|---|---|
| In grave with sister Mrs. Emma Thompson buried Aug. [illegible] 1907 | Lot No. Row 14 |
| | Grave No. 20 |
| | Section No. |
| | Owner |

| Item | $ | |
|---|---|---|
| Complete Funeral | 165 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body (State Kind) with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers | | |
| (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 47 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Auto-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 212 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ...... or below.

| | | To Funeral Charges....Total, $ | | | | By Cash | $ |
|---|---|---|---|---|---|---|---|
| | | | Cash [illegible] | | | | |

Insurance, $ ............ Names of Lodges ............

Names of Insurance Companies ............

We hereby authorize the above funeral and agree to pay the expenses thereof ............

Signed ............

Witness ............ Signed ............

152

# RECORD OF FUNERAL

Total No. 152 Yearly No. 77 Date Jan 2nd 1937

Name of Deceased Mrs. Mary Parish (Single, Married, Divorced) Colored (What Race) Florida (Where Born)

Residence of Deceased 40 Monmouth St. Newark Husband or Wife of [illegible]

Charge to [illegible]

Address [illegible]

Order given by Sons

How Secured Recommended (Informant)

Occupation of Deceased H. W.

Name of Employer

Date of Death Dec. 31 1936 6:15 P.M. (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral Jan 5th 1937 Tuesday 2 P. M. (Date) (Day of Week) (Hour)

Services at St. James Church

Clergyman Pastor

His Address Union St. Newark N.J.

Religion of the Deceased A. M. E.

Resided in the State (or U. S. or City or County) 12 (Years) (Months)

Place of Death Residence

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address Kosh St. Newark N.J.

Name of Father [illegible]

His Birthplace Fla.

Maiden Name of Mother [illegible]

Her Birthplace Fla.

Motor / Ship } Remains to

Size and Style of Casket Steel grey [illegible] (State Color) Top

Manufactured by

Interment at Glendale { Cemetery / Crematory }

Diagram of Lot or Tomb

Lot No.

Grave No.

Section No.

Owner

| | | |
|---|---|---|
| Complete Funeral | $ 150 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page or below. | | |

| To Funeral Charges. | Total $ | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo

# RECORD OF FUNERAL

Total No. 153 Yearly No. 1 Date Feb. 21 1931

Name of Deceased Mr. William Woodruff (Single — Married — Divorced) Colored Orange N.J. (What Race) (Where Built)

Residence of Deceased 201 W. 119 St. New York City Husband—Wife—Widow of Brother of Kenneth Woodruff

Charge to Mr. Kenneth Woodruff

Address [illegible]

Order given by Kenneth Woodruff (or informant)

How Secured Old [illegible] [illegible]

Occupation of Deceased Porter

Name of Employer [illegible]

Date of Death January 3, 1931 (Date) Hour

Date of Birth August 25, 1877

Age (Years) (Months) (Days)

Date of Funeral Feb. 6th Thursday 2 P. M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Rev. James [illegible]

His Address [illegible] St. Newark N.J.

Religion of the Deceased

Resided in the State Lifetime (in U. S. or City or County) (Years) (Months)

Place of Death Harlem Hospital N.Y.C.

Cause of Death [illegible]

Contributory Causes

Certifying Physician Hospital Staff (or Coroner)

His Address Harlem Hospital

Name of Father William Thomas Woodruff

His Birthplace Amherst Va.

Maiden Name of Mother [illegible] Chamberlain

Her Birthplace Richmond Va.

Motor / Ship } Remains to

Size and Style of Casket [illegible] (State Color)

[illegible] [illegible] Top

Manufactured by [illegible]

Interment at Rosedale Cem. { Cemetery / Crematory

Interment No. 14,878

Grave No. 1003

Section No. 22

Owner Kenneth Woodruff

Diagram of Lot or Vault

| Item | $ | |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ ... Hose, $ (State Color) | | |
| Underwear, $ ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Badge, $ ... Gloves, $ | | |
| Hearse, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ... Newspapers (Names of Newspapers) | | |
| Flowers, $ ... Rental of Palms, $ | | |
| Rental of Tent, $ ... of Temporary Tomb, $ | | |
| Lowering Device, $ ... Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ ... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor } Tickets, $ ... Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 125 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

| | To Funeral Charges ... Total, $ | | | By Cash | $ | |
|---|---|---|---|---|---|---|
| | | | | | | |

Insurance, $ ... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ... Signed

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# RECORD OF FUNERAL

Total No. 234    Yearly No. 2    Date Feb. 21st 1932

Name of Deceased Mr. Walter Adams (Single — Married — Divorced)    Born at Thomasville Ga. (What Race) (Where Born)

Residence of Deceased 1 W. 137 St. N. Y. City    Husband—Wife—Widow — Brother — Mrs. Alpia Bryant

Charge to Mrs. Alpia Bryant

Address 1 St. Kenney St. Newark N J

Order given by Mrs. Bryant

How Secured Third time (Relationship) family

Occupation of Deceased Garage Mechanic

Name of Employer 1 W. 36 Garage

Date of Death February 6th 1932 (Hour)

Date of Birth April 3rd 19th

Age 33 (Years) (Months) (Days)

Date of Funeral Feb 9th (Date) Saturday (Day of Week) 2 P. M. (Hour)

Services at Funeral Home

Clergyman Rev. James A. Walker

His Address 3 Prince St Newark N J

Religion of the Deceased

Resided in the State (or U. S. if in City or Country) (Years) (Months)

Place of Death Harlem Hospital N. Y. C.

Cause of Death See Inquest

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Unknown

His Birthplace Thomasville Ga

Maiden Name of Mother Jennie Williams

Her Birthplace Thomasville Ga

Motor / Ship } Remains to

Size and Style of Casket Silver gray embossed plush hinged top Half Couch (Outside Color)

Manufactured by American Casket Co

Interment at Rosehill { Cemetery / Crematory

| Diagram of Lot or Vault | |
|---|---|
| Three Card delivered to Mrs Alpia Bryant 1.25 | Lot No. |
| | Grave No. |
| | Section No. |
| | Owner |

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 250 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | 6 | 00 |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | 5 | 00 |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 286 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ...... or below.

To Funeral Charges. Total, $    By Cash $

Paid 1/6/32

Insurance, $    Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 155 Yearly No. 3 Date Feb. 21 1937

Name of Deceased Mr. Richard Ross (Single, Married, Divorced) Colored N.J. (What Race) (Where Born)

Residence of Deceased 100 Waverly Ave Newark N.J. Husband—Wife—Widow of Mrs. Lavinia Ross

Charge to Mrs. Lavinia Ross

Address 100 Waverly Ave Newark N.J.

Order given by Mrs. Ross

How Secured Own family (or advantages)

Occupation of Deceased Laborer

Name of Employer

Date of Death January 7th 1937 (Hour)

Date of Birth January 10th 1893 (Hour)

Age (Years) (Months) (Days)

Date of Funeral Jan 11th Monday (Date) (Day of Week) 2 P. M.

Services at Funeral Home

Clergyman ?

His Address ?

Religion of the Deceased ?

Resided in the State lifetime (or U. S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death See Permit

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Samuel Ross

His Birthplace N.J.

Maiden Name of Mother Laura ?

Her Birthplace N.J.

Motor / Ship } Remains to

Size and Style of Casket Gray plush (State Color) Hinged top

Manufactured by American

Interment at Glendale { Cemetery / Crematory }

Grave dug, casket delivered 1/11/37 J.E.C. (Diagram of Lot or Vault)

Row / Lot No. 12

Grave No. 7

Section No. 3

Block / Owner Mrs. L. Ross

| | | |
|---|---|---|
| Complete Funeral | 175 | 00 |
| Casket | | |
| Metallic Lining (Same Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (Same Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ Hose, $ (State Color) | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | 10 | 00 |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. (State Number and Indicate) (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | 3 | 50 |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 50 | [illegible] |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges Transcript | 1 | 00 |
| Total Footing of Bill | 239 | 60 |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below. | | |

| | To Funeral Charges. Total, $ | | By Cash $ |
|---|---|---|---|
| | | Paid 1/22/37 J.E.C. | |

Insurance, $ Names of Lodges

Names of Insurance Companies West. Life Ins. Co. Ins.

We hereby authorize the above funeral and agree to pay the expenses thereof.

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 156 Yearly No. 11 Date Feb. 22 1937

Name of Deceased James B. [illegible] (Single Married Divorced) Colored (What Race) [illegible] (Where Born)

Residence of Deceased 47 Clinton St. E. Orange Husband—Wife—Widow—er—ed

Charge to Mrs. [illegible]

Address 47 Clinton St E. O. N.J.

Order given by Daughters

How Secured Mrs. Family Recommended by [illegible] (Relationship)

Occupation of Deceased [illegible]

Name of Employer [illegible]

Date of Death Jan. 9th 1937

Date of Birth March 12, 1861 (Date)

Age 69 (Years) (Months) (Days)

Date of Funeral Jan. 11, Monday (Date) (Day of Week) (Hour) M.

Services at N. Clinton Baptist Church

Clergyman Rev. [illegible]

His Address [illegible]

Religion of the Deceased Baptist

Resided in the State 50 (or U. S. or City or County) Years (Months)

Place of Death 47 Clinton St. E. Orange N.J.

Cause of Death Hypertension [illegible]

Contributory Causes

Certifying Physician: Russell [illegible] (or Coroner)

His Address [illegible] Clinton St E. Orange

Name of Father [illegible]

His Birthplace Va.

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship } Remains to

Size and Style of Casket [illegible] (State Color) [illegible]

Manufactured by [illegible]

Interment at [illegible] } Cemetery / Crematory

| Complete Funeral | $ 200 | 00 |
|---|---|---|
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | 4 | 00 |
| Opening of Grave or Tomb | 20 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ 272 | 00 |
| Less | $ | |
| Balance | $ | |

Entered into Ledger, page ..... or below.

| Lot No. |
|---|
| Grave No. |
| Section No. |
| Owner |

Diagram of Lot or Vault: [illegible]

To Funeral Charges.... Total, $ By Cash $

Insurance, $ Name of Lodges

Name of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 157 Yearly No. 8 Date Feb. 22 1937

Name of Deceased William J. Hamilton (Single—Married—Divorced) Colored (What Race) S. Carolina (Where Born)

Residence of Deceased Newark N.J. | Husband—Wife—Sister: Son | Mrs. Julia Hamilton

Charge to: Mrs. Julia Washington (Sister)

Address 601 W. Catherine St. Richmond Va. Apt. 1st

Order given by Mrs. Julia Washington (or Informant)

How Secured Mrs. Tamby

Occupation of Deceased Laborer

Name of Employer Mrs. Virginia Bei foster

Date of Death Feb. 10th 1937 (Date) (Hour)

Date of Birth Don't know

Age 21 (Years) (Months) (Days)

Date of Funeral See Remark (Date) (Day of Week) (Hour)

Services at Conway S. Carolina

Clergyman ?

His Address ?

Religion of the Deceased ?

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death Essex Mt. San.

Cause of Death Pulmonary T. B.

Contributory Causes

Certifying Physician Hospital Staff (or Coroner)

His Address Essex Mt. San.

Name of Father See Remark

His Birthplace

Maiden Name of Mother Julia ?

Her Birthplace See Remark

Motor / Ship } Remains to Sumter S. Carolina

Size and Style of Casket Square end half Couch complete silver grey (Outside Color)

Manufactured by Mohawk Casket Co.

Interment at Conway S. C. { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Tomb

| Item | $ | |
|---|---|---|
| Complete Funeral | 275 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 275 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| To Funeral Charges. Total, $ | | By Cash | $ |
|---|---|---|---|
| | Paid J. C. 2/10/37 | | |

Insurance, $ Names of Lodges

Names of Insurance Companies Money on deposit in Hayes Cash Bank

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

158

# RECORD OF FUNERAL

Total No. 159 Yearly No. 6 Date Feb 25th 1931

Name of Deceased Mrs. Mattie Turman (Single — Married — Divorced) Colored (What Race) Fla. (Where Born)

Residence of Deceased 14 Chester Ave. Newark N.J. Husband — Wife — Widow — or Mother of Isaac Turman

Charge to Mr. Isaac Turman

Address 14 Chester Ave Newark N.J.

Order given by Mr. Turman (Son) (or informant)

How Secured Mem. Family Recommended

Occupation of Deceased Housewife

Name of Employer none

Date of Death January 1 1931 (Day) (Hour)

Date of Birth See Permit

Age (Years) (Months) (Days)

Date of Funeral Jan. 14, 1931 (Date) (Day of Week) 2 P. M. (Hour)

Services at Residence

Clergyman Rev. J. C. Nelson

His Address Centennial St.

Religion of the Deceased Catholic

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death 14 Chester Ave Newark N.J.

Cause of Death See Permit

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Henry Jackson

His Birthplace Fla.

Maiden Name of Mother Harriet ?

Her Birthplace Fla.

Motor / Ship } Remains to

Size and Style of Casket Square ... (State Color) Grey Cloth

Manufactured by Newark Casket Co

Interment at Glendale {Cemetery / Crematory}

Diagram of Lot or Vault

Block / Lot No. / Row 41

Grave No. 36

Section No. 3

Owner

| | | |
|---|---|---|
| Complete Funeral | $ | 150 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Auto Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charge | | |
| Total Footing of Bill | $ | |
| Less | | |
| Balance | $ | |
| Entered into Ledger, page or below | | |

| To Funeral Charges.... Total, $ | | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness

# RECORD OF FUNERAL

Total No. 159 Yearly No. 7 Date Feb 26th 19

Name of Deceased M... (Single — Married — Divorced) Colored (What Race) New Jersey (Where Born)

Residence of Deceased 10 College Place Newark N.J. Husband—Wife—Widow—of Bertha Green

Charge to: Rumey Speights

Address 10 College Place Newark N.J.

Order given by Mr Speights & Daughter

How Secured New Family

Occupation of Deceased Housewife

Name of Employer

Date of Death January 24th 7 PM (Date) (Hour)

Date of Birth August 21, 1900

Age 36 (Years) 2 (Months) 8 (Days)

Date of Funeral Jan 27 (Date) (Day of Week) (Hour) M.

Services at ...

Clergyman ...

His Address

Religion of the Deceased

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death Heart Trouble

Contributory Causes

Certifying Physician Hospital Staff (or Coroner)

His Address Newark City Hospital

Name of Father George Jordan

His Birthplace

Maiden Name of Mother Sarah J.

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket Cut top coffin (State Color) silver grey

Manufactured by American

Interment at Rockhill Cem. { Cemetery / Crematory }

unregistered Grave (Diagram of Lot or Vault)

Lot No.

Grave No.

Section No.

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 35 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ......with ...... Fluid (State Kind) | | |
| Barber, $...... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) ......Hose, $ | | |
| Underwear, $...... Slippers, $ | | |
| Folding Chairs, $...... Tarpaulin, $ | | |
| Candelabrum, $...... Candles, $ | | |
| Door Badge, $...... Gloves, $ | | |
| Hearse, $...... Ambulance, $ | | |
| Limousines to Cemetery ......@ $ | | |
| Autos to R. R. Station ......@ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| ...Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ...... Newspapers (Names of Newspapers) | | |
| Flowers, $...... Rental of Palms, $ | | |
| Rental of Tent, $......of Temporary Tomb, $ | | |
| Lowering Device, $...... Cremation, $ | | |
| Opening of Grave or Tomb | 15 | 00 |
| Lining Grave, $...... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $...... Singers, $...... Organist, $ | | |
| Railroad or Motor } Tickets, $...... Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill $ | 50 | 00 |
| Less $ | | |
| Balance $ | | |
| Entered into Ledger, page ...... or below | | |

| To Funeral Charges... Total, $ | | By Cash $ | |
|---|---|---|---|
| | | | |

Insurance, $...... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

# RECORD OF FUNERAL

Total No. [illegible] Yearly No. 8 Date Feb. 16th 1931

Name of Deceased [illegible] (Single – Married – Divorced) ... Colored Virginia (What Race) (Where Born)

Residence of Deceased 711 Monmouth St. Apt. [illegible] (Husband – Wife – Widow – or –) Elmwood [illegible]

Charge to [illegible]

Address 711 Monmouth St. [illegible]

Order given by [illegible]

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer

Date of Death January 16th 1931 (Hour)

Date of Birth July 18th 1915

Age (Years) (Months) (Days)

Date of Funeral Jan. 18th Monday 2 P. M. (Date) (Day of Week) (Hour)

Services at [illegible] Home

Clergyman

His Address

Religion of the Deceased

Resided in the State [illegible] 16 (or U. S., or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death [illegible]

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Walter Blow

His Birthplace Virginia

Maiden Name of Mother [illegible]

Her Birthplace Virginia

Motor / Ship } Remains to

Size and Style of Casket [illegible] (Give Cost) [illegible] coffin

Manufactured by American

Interment at Rosehill { Cemetery / Crematory

Lot No. [illegible]

Grave No. 1221

Section No. 22

Owner [illegible]

Diagram of Lot or Vault

| | | |
|---|---|---|
| Complete Funeral | $ | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ ... Hose, $ (State Color) | | |
| Underwear, $ ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Badge, $ ... Gloves, $ | | |
| Hearse, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ... Newspapers (Names of Newspapers) | | |
| Flowers, $ ... Rental of Palms, $ | | |
| Rental of Tent, $ ... of Temporary Tomb, $ | | |
| Lowering Device, $ ... Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page ... or below. | | |

| To Funeral Charges. Total, $ | By Cash $ |
|---|---|
| | |

Insurance, $ ... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ... Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 1401 Yearly No. 1 Date Jan. 24th 19

Name of Deceased Mrs. Louise Emerson (Single — Married — Divorced) Colored (What Race) Barnes, Ga. (Where Born)

Residence of Deceased 237 Bergen St Brooklyn (Husband—Wife—Widow of) Mack Shellman

Charge to Daughters

Address 5 Bergen St 2nd floor apt

Order given by Daughters

How Secured Non Family (or Salesperson)

Occupation of Deceased Laborer

Name of Employer

Date of Death January 4th 1931 (Hour)

Date of Birth January 28th 1844

Age 78 (Years) 11 (Months) 26 (Days)

Date of Funeral (Date) (Day of Week) 11 A.M. (Hour) M.

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) 12 (Years) (Months)

Place of Death St. Michaels Hospital

Cause of Death See Permit

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Daniel Emerson

His Birthplace Ga.

Maiden Name of Mother Charlotte ?

Her Birthplace Ga.

Motor / Ship } Remains to

Size and Style of Casket 6 ft. coffin (State Color) steel gray

Manufactured by

Interment at Rosehill Cem. (Cemetery / Crematory)

Section or Lot No. 1293

Grave No. 1231

Section No. 22

Owner Daughters

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 60 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ...... with ...... Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ ...... Hose, $ (State Color) | | |
| Underwear, $ ...... Slippers, $ | | |
| Folding Chairs, $ ...... Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Badge, $ ...... Gloves, $ | | |
| Hearse, $ ...... Ambulance, $ | | |
| Limousines to Cemetery ...... @ $ | | |
| Autos to R. R. Station ...... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ...... Newspapers (Names of Newspapers) | | |
| Flowers, $ ...... Rental of Palms, $ | | |
| Rental of Tent, $ ...... of Temporary Tomb, $ | | |
| Lowering Device, $ ...... Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ ...... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | |
| Railroad or Motor } Tickets, $ ...... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 85 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ...... or below.

| To Funeral Charges. | Total, $ | | | By Cash | $ | |
|---|---|---|---|---|---|---|
| | | | | | | |

Insurance, $ ...... Names of Lodges ......

Names of Insurance Companies ......

We hereby authorize the above funeral and agree to pay the expenses thereof.

Signed ......

Witness ...... Signed ......

Compiled by F. J. PENDEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 162 Yearly No. 10 Date February 26th 1937

Name of Deceased Mrs. Minnie Sykes (Single, Married, Divorced) Colored (What Race) Georgia (Where Born)

Residence of Deceased 35 Little St. Newark, N.J. (Husband—Wife—Widow— or —) Mr. Frank Sykes

Charge to Mr. Frank Sykes

Address 35 Little St. Newark N.J.

Order given by Husband

How Secured Buried Son of deceased

Occupation of Deceased Housewife

Name of Employer

Date of Death Feb. 19th (Hour) 8 P.M.

Date of Birth April 7th 1895

Age 41 (Years) 9 (Months) 12 (Days)

Date of Funeral 2/22/37 Friday (Day of Week) 1 (Hour)

Services at Mt. Calvary Baptist Church

Clergyman Rev. [illegible]

His Address Norfolk St. Newark N.J.

Religion of the Deceased Baptist

Resided in the State (in U.S. or City or County) 14 (Years) (Months)

Place of Death Community Hospital

Cause of Death [illegible]

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Howard Talbert

His Birthplace Ga.

Maiden Name of Mother Matilda Dorsey

Her Birthplace Ga.

Motor / Ship } Remains to

Size and Style of Casket 6 ft. steel gray [illegible] [illegible] Hinged top [illegible] couch

Manufactured by Mohawk

Interment at Evergreen { Cemetery / Crematory

Diagram of Lot or Tomb

Lot No. Col. Single Plot

Grave No. B

Row [illegible]

Section No. [illegible]

Owner Husband

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 240 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ Blue-Gray (State Color) Hose, $ | 10 | 00 |
| Underwear, $ ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Badge, $ ... Gloves, $ | | |
| Hearse, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ... Newspapers (Names of Newspapers) | | |
| Flowers, $ ... Rental of Palms, $ | | |
| Rental of Tent, $ ... of Temporary Tomb, $ | | |
| Lowering Device, $ ... Cremation, $ | 10 | 00 |
| Opening of Grave or Tomb | 50 | 00 |
| Lining Grave, $ ... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor } Tickets, $ ... Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 310 | 00 |
| Less discount of | 5 | 00 |
| Balance | 305 | 00 |

Entered into Ledger, page ...... or below.

| To Funeral Charges. Total, $ | | By Cash $ |
|---|---|---|
| | Paid 1/29/37 | |

Insurance, $ ........ Names of Lodges

Names of Insurance Companies Metr. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ........ Signed

# RECORD OF FUNERAL

Total No. 143 Yearly No. 1 Date Feb. 26 19 37

Name of Deceased Infant Jerry Thomas Jr. (Single / Married / Divorced) Colored (White Race) M.J. (Where Born)

Residence of Deceased 2 Cortlandt St. [illegible] Husband/Wife/Widow or Child of Mr. Jerry Thomas

Charge to: Mr. Jerry Thomas

Address 2 Cortlandt St. Belleville N.J. [illegible]

Order given by Father

How Secured Recommended by [illegible] (by or Company)

Occupation of Deceased Infant

Name of Employer

Date of Death January 21st 1937 5 A.M. (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket White Lambskin (State Color) coffin

Manufactured by [illegible]

Interment at Rosehill Cem. { Cemetery / Crematory }

Grave card mailed 2/26/37 G.E.G.

Lot No. 16,744

Grave No. 247

Section No. 16A

Owner Father

Diagram of Lot or Vault

| Item | $ | Cts. |
|---|---|---|
| Complete Funeral | 17 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery $ | | |
| Autos to R. R. Station $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificate No. (State Number and District) (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 8 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 25 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| | To Funeral Charges Total, $ | | By Cash | $ |
|---|---|---|---|---|
| | | Paid | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 164 Yearly No. 12 Date Feb. 26th 1937

Name of Deceased Mrs. Charity Ringold (Single—Married—Divorced) Colored (What Race) Georgia (Where Born)

Residence of Deceased 211 Broome St. Newark NJ Husband—Wife—Widow—Widower George Ringold

Charge to Mr. George Ringold

Address 211 Broome St. N. J.

Order given by Husband (or Informant)

How Secured New Family

Occupation of Deceased Housewife

Name of Employer

Date of Death January 26th 1937 11 A.M. (Hour)

Date of Birth April 6th

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at Hill Baptist Church

Clergyman Rev. J. W. Fullins

His Address Mont Ave Newark N.J.

Religion of the Deceased Baptist

Resided in the State (or U.S. or City or County) 8 (Years) (Months)

Place of Death Newark City Hospital

Cause of Death See Statement

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Nick Overstreet

His Birthplace Ga.

Maiden Name of Mother Anna Hendrick

Her Birthplace Ga.

Motor / Ship } Remains to Bainbridge Ga.

Size and Style of Casket Square End (State Color) Cut top

Manufactured by American

Interment at Bainbridge Ga. { Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| | $ | |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Auto Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 150 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

| | To Funeral Charges. Total, $ | | By Cash | $ |
|---|---|---|---|---|
| | | | | |

Insurance, $ Names of Lodges

Names of Insurance Companies Metropolitan Life Ins.

We hereby authorize the above funeral and agree to pay the expense thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 165 Yearly No. 13 Date Feb. 28th 19 21

Name of Deceased Mr. Harry J. Christmas (Married — Divorced) Colored Montclair N.J. (What Race) (Where Born)

Residence of Deceased 78 Pine St. Montclair N.J. Husband — Wife — Widow of Sarah

Charge to: Mrs. Sarah Christmas

Address 78 Pine St. Montclair N.J.

Order given by Wife

How Secured Served before

Occupation of Deceased Painter Decorator

Name of Employer Himself

Date of Death Jan. 25th 1921 (Date) 2:45 P.M. (Hour)

Date of Birth Sept. 14th

Age 61 (Years) (Months) (Days)

Date of Funeral Jan. 28th (Date) Thursday (Day of Week) 1 P. M. (Hour)

Services at St. Marks U. M. E. Church

Clergyman Rev. Walker

His Address

Religion of the Deceased M. E.

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death 78 Pine St. Montclair N.J.

Cause of Death See Permit

Contributory Causes

Certifying Physician Dr. Wheeler (or Coroner)

His Address 2.. Walnut St. Montclair N.J.

Name of Father Gordon Christmas

His Birthplace

Maiden Name of Mother Christine Scott

Her Birthplace Buckingham Co. Va.

Motor / Ship } Remains to

Size and Style of Casket Chestnut Hutchinson... (State Color) Square end complete

Manufactured by American

Interment at Rosedale { Cemetery / Crematory }

Lot No. Row 17

Grave No. 16

Section No. 7

Owner Wife

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 285 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ..... with ..... Fluid | | |
| Barber, $ ..... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) ..... Hose, $ | | |
| Underwear, $ ..... Slippers, $ | | |
| Folding Chairs, $ ..... Tarpaulin, $ | | |
| Candelabrum, $ ..... Candles, $ | | |
| Door Badge, $ ..... Gloves, $ | | |
| Hearse, $ ..... Ambulance, $ | | |
| Limousines to Cemetery ..... @ $ | | |
| Autos to R. R. Station ..... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ..... Newspapers — Newark Evening News (Names of Newspapers) | | |
| Flowers, $ ..... Rental of Palms, $ | | |
| Rental of Tent, $ ..... of Temporary Tomb, $ | | |
| Lowering Device, $ ..... Cremation, $ | | |
| Opening of Grave or Tomb | 29 | 00 |
| Lining Grave, $ ..... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ | | |
| Railroad or Motor } Tickets, $ ..... Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 314 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ..... or below.

| To Funeral Charges.... Total, $ | | By Cash | $ |
|---|---|---|---|
| | Paid 3/6 | | |

Insurance, $ ..... Names of Lodges

Names of Insurance Companies Metropolitan Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ..... Signed

Compiled by F. J. FRINKMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 104 Yearly No. 17 Date Feb. 2 1937

Name of Deceased William Worley (Single — Married — Divorced) Col (What Race) (Where Born)

Residence of Deceased (Husband—Wife—Widow of)

Charge to Mr. Walter Worley

Address

Order given by (Informant)

How Secured

Occupation of Deceased

Name of Employer

Date of Death Jan 28th 1937 (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral 2/3/37 (Date) Wednesday (Day of Week) 2 P. (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket Silver Gray (Size/Color) Cut top Coffin

Manufactured by

Interment at Rosehill Cem. { Cemetery / Crematory

Lot No. 11,341

Grave No. 6228

Section No.

Owner

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |

Entered into Ledger, page 1 or below.

| To Funeral Charges. Total, $ | By Cash $ |
|---|---|
| | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 167 Yearly No. 1[illegible] Date Feb. 24th 193[illegible]

Name of Deceased Mrs. Sarah Elizabeth Cooke (Single, Married, Widowed or Divorced) B. W. (What Race)

Residence of Deceased 442 Hancock St. Brooklyn — Husband—Wife—Widow: Mother — Mrs. [illegible] Burnside

Charge to: Mrs. Burnside

Address. 41 [illegible] Ave. E. Orange N.J.

Order given by Daughter

How Secured Recommended by Mrs. Maggie Cooke

Occupation of Deceased Housewife

Name of employer

Date of Death January 30th (Day) 5:45 AM (Hour)

Date of Birth March 17th 1864

Age 72 (Years) 10 (Months) 23 (Days)

Date of Funeral 2/2/37 (Date) Tuesday (Day of Week) 3 P. M. (Hour)

Services at Church of Epiphany P. E. Chapel

Clergyman Rev. George M. [illegible]

His Address [illegible] Orange N.J.

Religion of the Deceased P. E.

Resided in the State 35 (Years) (Months) (in U. S. or City or Colony)

Place of Death 442 Hancock St. Brooklyn N.Y.

Cause of Death See [illegible]

Contributory Causes

Certifying Physician O. H. Lowell M.D. (or Coroner)

His Address 405 Hancock St. Brooklyn N.Y.

Name of Father Charles

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to Orange N.J.

Size and Style of Casket 6 ft. Square [illegible] (State Color) Half Couch steel gray plush

Manufactured by Mohawk

Interment at Glendale { Cemetery / Mausoleum }

Lot No. Block 1

Grave No. Row 17, 14

Section No.

Owner. Mrs. Burnside

Diagram of Lot or Vault

| Item | $ | Cts. |
|---|---|---|
| Complete Funeral | 380 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 380 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ...... or below.

| To Funeral Charges. Total, $ | | By Cash | $ |
|---|---|---|---|
| | Paid 2/13/37 | | |

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins Co

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 163 Yearly No. 4 Date March 9th 1937

Name of Deceased Mr. Rufus Mayo (Single, Married, Widowed) Colored (White Race) Va. (Where Born)

Residence of Deceased 20 Eric Place Newark N.J. Husband—Wife—Widow— or of Mrs Nellie Mayo

Charge to Mrs. Nellie Mayo

Address 20 Eric Place Newark N.J.

Order given by Wife

How Secured Near family Kearny N.J.

Occupation of Deceased Asphalt Foreman

Name of Employer Carey & Gillags

Date of Death Feb. 26th 1937 10:15 P.M. (Date) (Hour)

Date of Birth May 30th 1875

Age 62 (Years) (Months) (Days)

Date of Funeral Feb. 1937 Tuesday 2 P.M. (Date) (Day of Week) (Hour)

Services at Mizpah Fullers

Clergyman Thomas Harris

His Address Kearny N.J.

Religion of the Deceased

Resided in the State (or U.S. or City or County) 33 (Years) (Months)

Place of Death Community Hospital

Cause of Death See Permit

Contributory Causes

Certifying Physician (or Coroner) Hospital Staff

His Address

Name of Father Bert Mayo

His Birthplace Halifax Co. Va.

Maiden Name of Mother Eliza Henderson

Her Birthplace Halifax Co. Va.

Motor / Ship } Remains to

Size and Style of Casket 6 ft. steel gray (State Color) cut top

Manufactured by American

Interment at Rosehill { Cemetery / Crematory

| Diagram of Lot or Vault | |
|---|---|
| Grave card mailed 2/5/37 J.B.C. | Lot No. 11,954 Entrance |
| | Grave No. 1263 |
| | Section No. 27 |
| | Owner Wm. Mayo |

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 130 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificate No. (State Number and District) (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ 155 | 00 |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page or below. | | |

| | To Funeral Charges... Total | $ | | By Cash | $ |
|---|---|---|---|---|---|
| | | Paid [illegible] O.E. | | | |

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 169 Yearly No. 17 Date March 9th 1931

Name of Deceased Infant James Johnson (Single, Married, Widowed) Col. (What Race) Dover N.J. (Where Born)

Residence of Deceased 206 W. Kinney St. Newark N.J. Husband–Wife–Widow–Child of Esther Johnson

Charge to Mrs. Elsie Brown

Address 77 Madison St Morristown N.J.

Order given by Mrs Sarah Desmond

How Secured (by solicitation) Near family recommend by Dr. Dale

Occupation of Deceased Infant

Name of Employer

Date of Death Feb. 7th 1937 (Date) 8.20 (Hour)

Date of Birth Oct. 18, 1936

Age (Years) (Months) 17 (Days)

Date of Funeral Tuesday (Date) Feb. 9th (Day of Week) M.

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 206 W. Kinney St. Newark N.J.

Cause of Death See Attmt

Contributory Causes

Certifying Physician (or Coroner) County Physician

His Address 83 7th Ave Newark N.J.

Name of Father Thomas Johnson

His Birthplace Va.

Maiden Name of Mother Esther Bird

Her Birthplace Va.

Motor / Ship } Remains to

Size and Style of Casket 2ft. white Dowlake (State Color) cut top coffin

Manufactured by American

Interment at Rosehill } Cemetery / Crematory

Card mailed 2/10/37 J.E.C.

Diagram of Lot or Vault

Interment Lot No. 14933

Grave No. 220

Section No. 14A

Owner

| | | |
|---|---|---|
| Complete Funeral | $ 28 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit of Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in (Names of Newspapers) Newspapers | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 8 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ 28 | 00 |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page or below. | | |

| | To Funeral Charges. Total, $ | | By Cash | $ |
|---|---|---|---|---|
| | | Paid By Mrs Elsie Brown 4/8/37 | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 170 Yearly No. 13 P Date March 7th 1931

Name of Deceased Mrs. Robert Daniels (Single Married Divorced) Colored (White Race) Ga (Where Born)

Residence of Deceased ...... Husband—Wife—Widower of ......

Charge to Mr. Leanne Daniels 1st floor Right

Address 68 Waverly Ave Newark N.J.

Order given by Brother (or informant)

How Secured Mr. Family

Occupation of Deceased Labor checking market

Name of Employer ......

Date of Death Feb. 6th (Date) 11:10 P.M. (Hour)

Date of Birth Jan. 5th

Age 52 (Years) (Months) (Days)

Date of Funeral Feb 8th (Date) Monday (Day of Week) 2:30 P (Hour) M.

Services at Essex Co Isolation Hospital

Clergyman ......

His Address ......

Religion of the Deceased ......

Resided in the State (or U. S. or City or County) 11 (Years) (Months)

Place of Death Essex Co Isolation Hospital

Cause of Death See Permit

Contributory Causes ......

Certifying Physician (or Coroner) ......

His Address ......

Name of Father Hardie Daniels

His Birthplace Ga

Maiden Name of Mother Louise Crawford

Her Birthplace Sumpter Ga

Motor / Ship } Remains to ......

Size and Style of Casket 6 ft silver grey (Seam Cover) cut top Cofe

Manufactured by American

Interment at Rosehill Cem (Cemetery / Crematory) Interment 17,449

Lot No. ......

Grave No. 671

Section No. 21

Owner ......

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 50 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body, with ...... Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) ...... Hose, $ | | |
| Underwear, $ ...... Slippers, $ | | |
| Folding Chairs, $ ...... Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Badge, $ ...... Gloves, $ | | |
| Hearse, $ ...... Ambulance, $ | | |
| Limousines to Cemetery ...... @ $ | | |
| Autos to R. R. Station ...... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ...... Newspapers (Names of Newspapers) | | |
| Flowers, $ ...... Rental of Palms, $ | | |
| Rental of Tent, $ ...... of Temporary Tomb, $ | | |
| Lowering Device, $ ...... Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ ...... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ ...... Aeroplane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 75 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ...... or below.

| To Funeral Charges ... Total, $ | | By Cash | $ |
|---|---|---|---|

Insurance, $ ...... Names of Lodges ......

Names of Insurance Companies ......

We hereby authorize the above funeral and agree to pay the expenses thereof ......

Witness ...... Signed ......

Signed ......

# RECORD OF FUNERAL

Total No. 171 Yearly No. 19 Date March 7th 1937

Name of Deceased Mr. Stovell Cook (Single – Married – Divorced) Col (Color) Houston Co. Ala. (Where Born)

Residence of Deceased Central Place Orange N.J. Husband—Wife—Widow of Mrs. Ida Brown

Charge to: Mrs. Charlotte Cook

Address 77 So. Day St. Orange, 2nd fl. apt. 5

Order given by Son (or Informant)

How Secured Recommended by K. Woodruff

Occupation of Deceased W.P.A. Laborer

Name of Employer Govt.

Date of Death Feb. 11, 1937 (Date) 7:15 P.M. (Hour)

Date of Birth May 5, 1888

Age 48 (Years) 9 (Months) 16 (Days)

Date of Funeral Feb. 16, 1937 (Date) Tuesday (Day of Week) 2 P. (Hour)

Services at Bethel Baptist Church

Clergyman Rev. Johnson

His Address Wallace St. Orange N.J.

Religion of the Deceased Baptist

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Orange Memorial Hospital

Cause of Death See Record

Contributory Causes

Certifying Physician Dr. Clark Act. Med. Exam. (or Coroner)

His Address Orange N.J.

Name of Father Joseph Cook

His Birthplace Butler Co. Ala.

Maiden Name of Mother Arlena Henderson

Her Birthplace Ala.

Motor Ship } Remains to

Size and Style of Casket 6 ft. Straight top (State Color) slate grey plush

Manufactured by Boyertown

Interment at Rosedale (Cemetery / Crematory)

Interment Lot No. 11-7-20

Grave No. 1260

Section No. 22

Owner

Grave card delivered 2/17/37 J.E.C.

(Diagram of Lot or Tomb)

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Shave, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ Hose, $ | 8 | 00 |
| Underwear, $ (State Color) Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R.R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Date) | | |
| Certif. Copies of Death Certificates No. (Name Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers | | |
| Flowers, $ (Name of Newspapers) Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | 3 | 00 |
| Railroad or Motor Tickets, $ Radio Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 186 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| | To Funeral Charges Total, $ | | By Cash |
|---|---|---|---|
| | | Rec'd by Mrs. Charlotte Cook 2/13/37 | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

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# RECORD OF FUNERAL

Total No. 172 Yearly No. 20 Date March 7th 193..

Name of Deceased Mrs. Julia Leptrot (Single, Married, Divorced) Col (What Race) Dadeville Ala (Where Born)

~~wife~~ mother of Mrs. Leptrot

Residence of Deceased 121 Broome St.

Charge to Daughter

Address W. 4 St. Newark N. J.

Order given by Daughter (or Agreement)

How Secured Mr. Family

Occupation of Deceased housewife

Name of Employer W. P. A.

Date of Death Feb. 13, 1937 about 3 P. M. (Date) (Hour)

Date of Birth March 29

Age 114 yr (Years) (Months) (Days)

Date of Funeral Jan. 17 Wednesday 2 P. M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Rev. J. R. Pulland

His Address Grant Ave Kearney N. J.

Religion of the Deceased Baptist

Resided in the State 21 (or U. S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death See Permit

Contributory Causes ..

Certifying Physician .. (or Coroner)

His Address ..

Name of Father unknown

His Birthplace N. C.

Maiden Name of Mother Soldier ?

Her Birthplace Ala

Motor / Ship } Remains to

Size and Style of Casket 6 ft. steel gray (State Color) cut top coffin

Manufactured by Anderson

Interment at Rosehill { Cemetery / Crematory

| Diagram of Lot or Vault | |
|---|---|
| Grave card delivered 2/21/37 J. E. G. | ~~Lot~~ Interment No. 14973 |
| | Grave No. 8209 |
| | Section No. 27 |
| | Owner |

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 57 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 82 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page .... or below. | | |

| To Funeral Charges....Total, $ | | By Cash | $ |
|---|---|---|---|
| | Paid Feb 13 '43 [?] | | |

Insurance, $ .... Names of Lodges ....

Names of Insurance Companies ....

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness .... Signed .... Signed ....

# RECORD OF FUNERAL



Total No. 173 Yearly No. 21 Date March 9th 1931

Name of Deceased Infant (Stillborn) Henderson (Single, Married, Divorced) Col (What Race) N. J. (Where born)

Residence of Deceased ....... Husband—Wife—Widow of ......

Charge to: Mr. Herbert Henderson

Address 222 W. Kinney St. Top Floor Right

Order given by Father

How Secured New Family

Occupation of Deceased Infant

Name of Employer

Date of Death (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (In U.S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Rosehill (Cemetery / Crematory)

Diagram of Lot or Vault: Unmarked Grave

Lot No.

Grave No.

Section No.

Owner

| Item | $ |
|---|---|
| Complete Funeral | |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ...... with ...... Fluid | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) ...... Hose, $ | |
| Underwear, $ ...... Slippers, $ | |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Badge, $ ...... Gloves, $ | |
| Hearse, $ ...... Ambulance, $ | |
| Limousines to Cemetery ...... @ $ | |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificate No. | |
| Death Notices in ...... Newspapers | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Flowers, $ ...... Rental of Palms, $ | |
| Rental of Tent, $ ...... of Temporary Tomb, $ | |
| Lowering Device, $ ...... Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ...... Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor } Tickets, $ ...... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | 18 00 |
| Less | |
| Balance | |

Entered into Ledger, page ...... or below.

| To Funeral Charges | Total, $ | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance, $ ...... Name of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof.

Signed

Witness ...... Signed

# RECORD OF FUNERAL

Total No. 174 Yearly No. 22 Date Feb. 28th 1931

Name of Deceased Miss Florence Hopkins (Single – Married – Divorced) Colored (What Race) Maryland (Where Born)

Residence of Deceased 41 Rose St. Newark N.J. Husband – Wife – Widow – Daughter of Mrs. Frances Pollard

Charge to Mother

Address 41 Reicht [illegible] Newark N.J.

Order given by Mother

How Secured Mrs. Family

Occupation of Deceased Housework

Name of Employer

Date of Death Feb. 18th 1931 (Date) 9:45 A.M. (Hour)

Date of Birth Aug. 1

Age 21 (Years) (Months) (Days)

Date of Funeral Feb. 23, 1931 (Date) Tuesday (Day of Week) 2 P. M. (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased Baptist

Resided in the State (in U.S. or City or County) (Years) (Months)

Place of Death Essex Mt. San. Verona N.J.

Cause of Death Pulmo. T. B.

Contributory Causes

Certifying Physician Hospital Staff (or Coroner)

His Address See Permit

Name of Father John Hopkins

His Birthplace Maryland

Maiden Name of Mother Frances McLean

Her Birthplace Maryland

Motor / Ship } Remains to

Size and Style of Casket 5 ft White [illegible] plush [illegible] top Half Couch (Description)

Manufactured by Crapack

Interment at Fairview (Cemetery / Crematory)

Flor. Load
Deceased 5/6/1
EC

Diagram of Lot or Vault

Lot No. 11,998

Grave No. 1998

Section No. 22

Owner

| | $ | |
|---|---|---|
| Complete Funeral | 260 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ Shroud (State Color) Hose, $ | 10 | 00 |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery 1 @ $ 6.00 | 6 | 00 |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | 15 | 00 |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | 00 |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | 5 | 00 |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 303 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

To Funeral Charges. Total, $

By Cash $

Paid 3/3/31

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness Signed

Signed

# RECORD OF FUNERAL

Total No. 175 Yearly No. 22 Date March 9th 19

Name of Deceased Mrs. Emma Dargan (Alford) (Single—Married—Divorced) S.C. (When Born) S.C. (Where Born)

Residence of Deceased 187 Central Ave. E. Orange N.J. Husband—Wife—Widow — Widow — Charlie Green

Charge to Mrs. Edella Green

Address 187 Central Ave. E. Orange N.Y.

Order given by Daughters (or informant)

How Secured Knew Family

Occupation of Deceased Housewife

Name of Employer

Date of Death Feb. 22, 1937 (Date) Between 3 & 4 A.M. (Hour)

Date of Birth Feb. 4, 1872

Age 65 (Years) (Months) (Days)

Date of Funeral Feb. 26 (Date) Wednesday (Day of Week) 3 P.M.

Services at Darlington S.C.

Clergyman

His Address

Religion of the Deceased Baptist

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death 187 Central Ave. E. Orange N.J.

Cause of Death Sec. Anemia

Contributory Causes

Certifying Physician Dr Abell Ast. Med. Exam. (or Coroner)

His Address Orange N.J.

Name of Father Nelson Alford

His Birthplace S.C.

Maiden Name of Mother Adella ?

Her Birthplace S.C.

Motor / Ship } Remains to Darlington S. Carolina

Size and Style of Casket Ext. grey Cut Top (State Shop) Octagon end

Manufactured by American

Interment at Darlington S.C. { Cemetery / Crematory

Diagram of Lot or Tomb

Lot No.

Grave No.

Section No.

Owner

| Complete Funeral | $ 130 | 00 |
|---|---|---|
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers | | |
| Flowers, $ (Names of Newspapers) Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ 130 | 00 |
| Less | $ 2 | 48 |
| Balance | $ 128 | 60 |
| Entered into Ledger, page or below. | | |

| To Funeral Charges Total, $ | | By Cash | $ |
|---|---|---|---|
| | Paid 4/6/37 99 | | |

Insurance, $ 162.40 Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 176    Yearly No. 34    Date March 9th 1937

Name of Deceased Mr. Arthur Smith (Single—Married—Divorced)   Colored (What Race)   N.J. (Where Born)

Residence of Deceased 28 Clayton St. 1st floor Lake Mech. (Husband—Wife—Widow of) Gertrude Armstrong

Charge to Mr. Robert Smith

Address 28 Clayton St. Newark N.J.

Order given by Brother

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer [illegible]

Date of Death Feb. 27th 1937

Date of Birth July 1st 1900

Age 36 (Years) (Months) (Days)

Date of Funeral March 2 (Date) Tuesday (Day of Week) 2 P (Hour) M.

Services at Funeral Home

Clergyman Rev. [illegible]

His Address [illegible] St.

Religion of the Deceased A. M. E.

Resided in the State [illegible] (or U. Res. City or County) (Years) (Months)

Place of Death [illegible] Hospital

Cause of Death [illegible]

Contributory Causes [illegible]

Certifying Physician Dr. [illegible] (or Coroner)

His Address [illegible] N.J.

Name of Father John F. Smith

His Birthplace N.Y.

Maiden Name of Mother Ida Oliver

Her Birthplace N.Y.

Motor Ship } Remains to

Size and Style of Casket [illegible] (Shop/Cable) [illegible]

Manufactured by American Casket Co.

Interment at Evergreen (Cemetery / Crematory)

Single Grave [illegible]

Lot No. 4 C.V.P.

Grave No. H

Row / Section No. 17

Owner

Diagram of Lot or Vault

| Item | $ | |
|---|---|---|
| Complete Funeral | 176 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery 1 @ $ 10 | 10 | 00 |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. (State Number and District) (Name Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Name of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | Grave | |
| Opening of Grave or Tomb | 50 | 00 |
| Lining Grave, $ Matting, $ | [illegible] | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | 10 | 00 |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced [illegible] | 2 | 00 |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 247 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

| | | To Funeral Charges.... Total, $ | | By Cash | $ |
|---|---|---|---|---|---|
| | | | Paid [illegible] | | |

Insurance, $    Names of Lodges

Names of Insurance Companies Metropolitan Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness    Signed

# RECORD OF FUNERAL

Total No. 177 Yearly No. 25 Date March 9th 1937

Name of Deceased Infant Robert Pearce (Single — Married — Divorced) Col. (What Race) Newark N.J. (Where Born)

Residence of Deceased 127 Somerset St. (Husband, Wife, Widow) Child of } Mrs. Charlie Mae Pearce

Charge to Mrs. Charlie Mae Pearce

Address 127 Somerset St. (1st Floor) Newark N.J.

Order given by Mother

How Secured Man & ... (or Relative)

Occupation of Deceased Infant

Name of Employer

Date of Death March 4th 7 P.M. (Hour)

Date of Birth May 28 1936

Age 9 (Months) 17 (Days) (Years)

Date of Funeral March 9 Tuesday (Date) (Day of Week) 2 P.M. (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State Lifetime (or U.S. or City or Country) (Years) (Months)

Place of Death 127 Somerset St. Newark N.J.

Cause of Death See Coroner

Contributory Causes

Certifying Physician Dr. Breckenridge Ast. M.D. (or Coroner)

His Address 32 9th Ave. Newark N.J.

Name of Father Marion Pearce

His Birthplace Ga.

Maiden Name of Mother Carrie Mae Andes

Her Birthplace Ga.

Motor / Ship } Remains to

Size and Style of Casket 2 ft. ... white (State Color) ... trunk ...

Manufactured by American

Interment at Glendale Cem. { Cemetery / Crematory

Lot No. Row 8
Block
Grave No. 29
Infantile
Section No. 2
Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral $ | 50 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 15 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill $ | 65 | 00 |
| Less $ | | |
| Balance $ | | |
| Entered into Ledger, page or below. | | |

To Funeral Charges. Total, $ By Cash $

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. Preissler, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 178 Yearly No. 26 Date March 1937

Name of Deceased Mrs. Estella Finch (Single — Married — Divorced) Col. (What Race) (Where Born)

Residence of Deceased 100 Brighton Ave Kearny N.J. (State if Wife, Widow or Mother) mother | Mrs Louise Kemp

Charge to W. Kemp.

Address 100 Brighton Ave Kearny N.J.

Order given by W. Kemp (Informant)

How Secured and [illegible] Served before

Occupation of Deceased House Wife.

Name of Employer

Date of Death Mar. 10th 1937 (Date) 9-40 [illegible] (Hour)

Date of Birth See Permit

Age See Permit (Years) (Months) (Days)

Date of Funeral March Saturday (Date) (Day of Week) 2-30 P.M. (Hour)

Services at Zion Hill Baptist Church

Clergyman Rev. J. A. Perkins

His Address Grant Ave. Kearny N.J.

Religion of the Deceased Baptist

Resided in the State (in U.S. or City or County) (Years) (Months)

Place of Death at Home 100 Brighton Ave Kearny

Cause of Death See Permit

Contributory Causes " "

Certifying Physician Dr. Hilton (or Coroner)

His Address 556 [illegible] 7th St Newark N.J.

Name of Father See Permit

His Birthplace " "

Maiden Name of Mother See Permit

Her Birthplace See Permit

Motor / Ship } Remains to

Size and Style of Casket 6 ft Silver Grey interior [illegible] (State Color) Silver embossed Plush Full Couch

Manufactured by American Casket Co.

Interment at Woodland { Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ |
|---|---|
| Complete Funeral | |
| Casket | 235.00 |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) Pine | 17.00 |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | 25.00 |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | 20.00 |
| Limousines to Cemetery 1 @ $ | 10.00 |
| Autos to R. R. Station @ $ | |
| Getting Remains from Residence | Gratis |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| 2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | 2.00 |
| Pall Bearer Service | |
| Personal Service | 25.00 |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers Newark Evening News (Names of Newspapers) | 2.70 |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | [illegible].00 |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | 352.70 |
| Less | .70 |
| Balance | $ 352.00 |

Entered into Ledger, page or below.

To Funeral Charges. Total, $ — Paid 3/24/37

By Cash $

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

Compiled by F. J. WEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 179    Yearly No. 28    Date April 6th 1937

Name of Deceased Mrs. Mary Barnett (Single—Married—Divorced)    Colored (What Race) (Where Born)

Residence of Deceased 216 Hill St Orange N.J. (Husband—Wife—Widow) mother of William & Columbus Barnett

Charge to William Barnett & Columbus Barnett

Address 216 Hill St Orange N.J. 203 Main St Orange N.J.

Order given by ~~Mrs. Louise Hamp Sons~~ (or Informant)

How Secured Served before

Occupation of Deceased H. W.

Name of Employer

Date of Death March 12th 1937 (Date) 7:55 am (Hour)

Date of Birth About 1822

Age About 105 (Years) (Months) (Days)

Date of Funeral March 16th Tuesday (Date) (Day of Week) 2 P.M. (Hour)

Services at Jerusalem Baptist Church

Clergyman Rev. R. C. Pulley

His Address Central Place Orange N.J.

Religion of the Deceased Baptist

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Orange Memorial Hospital

Cause of Death See Permit

Contributory Causes

Certifying Physician Hospital Staff (or Coroner)

His Address Orange Memorial Hospital

Name of Father See Permit

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket 6 ft 3 Octagon end, 3/4 top with Over box, steel Grey (Style Code)

Manufactured by Miller Casket Co.

Interment at Rosehill Linden N.J. { Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No. 1316

Section No. 22

Owner William & Columbus Barnett

| Item | Amount |
|---|---|
| Complete Funeral | $ 225.00 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) Pine (State Kind) | |
| Burial Vault | |
| Embalming Body ..... with ..... Fluid | |
| Barber, $ ..... Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) ..... Hose, $ | 10.00 |
| Underwear, $ ..... Slippers, $ | |
| Folding Chairs, $ ..... Tarpaulin, $ | |
| Candelabrum, $ ..... Candles, $ | |
| Door Badge, $ ..... Gloves, $ | |
| Hearse, $ ..... Ambulance, $ | |
| Limousines to Cemetery 1 @ $ | |
| Autos to R. R. Station ..... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (from Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in ..... Newspapers (Names of Newspapers) | |
| Flowers, $ ..... Rental of Palms, $ | |
| Rental of Tent, $ ..... of Temporary Tomb, $ | |
| Lowering Device, $ ✓ ..... Cremation, $ | 7.00 |
| Opening of Grave or Tomb ✓ | 25.00 |
| Lining Grave, $ ..... Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ | |
| Railroad or Motor } Tickets, $ ..... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | $ 267.00 |
| Less | $ |
| Balance | $ |

Entered into Ledger, page ..... or below.

| To Funeral Charges. Total, $ | | By Cash | $ |
|---|---|---|---|
| | | Pd 3/24/37. | |

Insurance, $ ..... Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ..... Signed

Compiled by F. J. FENEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 180 Yearly No. 28 Date April 6th 1937

Name of Deceased Mrs. Mollie Brown Col. Dothan Ala.

Residence of Deceased 91 Monmouth St. Newark N.J. Husband—Wife—Widow Friends Mrs. Mollie Brown

Charge to James Howard

Address 91 Monmouth St. Newark N.J.

Order given by Mr. James Howard

How Secured Recommended by friend

Occupation of Deceased Laundress & Day worker

Name of Employer

Date of Death March 14th 1 G.M.

Date of Birth Dothan Ala.

Age 43

Date of Funeral Mar. 17th 1937 Wed. 1 P.M.

Services at Zion Hill Baptist Church

Clergyman Rev. H. L. Phillips

His Address Grant Ave Kearney N.J.

Religion of the Deceased Baptist

Resided in the State 25 yrs.

Place of Death 91 Monmouth St. Newark

Cause of Death Suspended

Contributory Causes

Certifying Physician Co. Physician

His Address 9th Ave Newark N.J.

Name of Father Price

His Birthplace Alabama

Maiden Name of Mother unknown

Her Birthplace "

Motor / Ship } Remains to

Size and Style of Casket 6 ft. 3 Octagon end H-C Mono Plush

Manufactured by Miller Casket Co.

Interment at Rosehill (Cemetery / Crematory)

Diagram of Lot or Vault: Grave & Tips to be delivered 5/0/37

Lot No.

Grave No. 1315

Section No. 22

Owner

| Item | $ |
|---|---|
| Complete Funeral | 275.00 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) None | |
| Burial Vault | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ Hose, $ | 10.00 |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificates No. | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers | |
| Newark Eve. News | 2.00 |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | 7.00 |
| Opening of Grave or Tomb | 25.00 |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | 319.00 |
| Less: | |
| Balance | |

Entered into Ledger, page or below.

| To Funeral Charges. Total, $ | | By Cash $ |
|---|---|---|
| | Paid 5-3-37 J.E.C. | |

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof.

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 181 Yearly No. 24 Date April 6th 1937

Name of Deceased Kate Dabney (Single – Married – Divorced) Col. (White Race) Orange N.J. (Where Born)

Residence of Deceased 207 New St. Orange N.J. Husband–Wife–Widow daughter Addie Butler

Charge to Addie Butler

Address 207 New St Orange N.J.

Order given by Mother (or Informant)

How Secured Served in family previously

Occupation of Deceased Housewife

Name of Employer

Date of Death Mar. 16th 1937. (Date) 6 P.M. (Hour)

Date of Birth Feb. 5th 1907. Orange N.J.

Age 30 yrs (Years) (Months) (Days)

Date of Funeral March 20th (Date) Saturday (Day of Week) 2 P.M. (Hour)

Services at Residence 207 New St Orange

Clergyman Rev. C. L. Johnsone

His Address Wallace St. Orange

Religion of the Deceased Baptist

Resided in the State Lifetime (or U.S. if Not City or County) (Years) (Months)

Place of Death Essex Mt San: Verona N.J.

Cause of Death Pulmon. T.B.

Contributory Causes See Permit

Certifying Physician Hospital Staff (or Coroner)

His Address Verona N.J.

Name of Father Richard Barnett

His Birthplace Vicksburg VA.

Maiden Name of Mother Addie Grooty

Her Birthplace Danville VA.

Motor / Ship } Remains to

Size and Style of Casket 6 ft Octagon end full (State Color) Couch White Embossed Plush.

Manufactured by American Casket Co.

Interment at Bloomfield { Cemetery / Crematory

Interred in grave with Samuel Ayers Buried 1914

Diagram of Lot or Tomb

Lot No.

Grave No.

Section No.

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | 286 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (Same Kind) Pine | | |
| Burial Vault (Same Kind) | | |
| Embalming Body with (Same Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's) | 1 | 00 |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| | | |
| Outlay for Lot | | |
| Death Notices in Newspapers Evening News (Names of Newspapers) | 1 | 80 |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | 3 | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 290 | 80 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| To Funeral Charges. | Total, $ | By Cash | $ |
|---|---|---|---|
| | | Pd 3/30/37. | |

Insurance, $ Names of Lodges

Names of Insurance Companies Met Life Ins Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 182 Yearly No. 30 Date April 6th 1937

Name of Deceased Mrs. Lillian Thurston (Single – Married – Divorced) Col. (What Race) B.W.I. (Where Born)

Residence of Deceased 156 Spruce St. Husband—Wife—Widow—or Daughter Mrs. Madeline Mitchel

Charge to Mrs. Madeline Mitchel

Address 182 Prince St. 2nd Floor

Order given by Mrs. Mitchel (or otherwise)

How Secured Mrs. Family

Occupation of Deceased Domestic

Name of Employer

Date of Death Mar. 19 (Date) 10 A.M. (Hour)

Date of Birth See Permit

Age ~~See Permit~~ 44? (Years) (Months) (Days)

Date of Funeral Mar. (Date) 23rd. Tues. (Day of Week) 2 P.M. (Hour)

Services at from James E. Churchman Funeral Home

Clergyman Rev. Lawrence

His Address Montgomery St.

Religion of the Deceased Episcopal

Resided in the State (or U. S. or City or County) 20 yrs (Years) (Months)

Place of Death 156 Spruce St.

Cause of Death Heart disease

Contributory Causes See Permit

Certifying Physician Dr. Bacaradille (or Coroner) Asst. Med. Ex.

His Address 8th Ave. 92

Name of Father See Permit

His Birthplace British W. Indies

Maiden Name of Mother See Permit

Her Birthplace B. W. I.

Motor / Ship } Remains to

Size and Style of Casket 6 ft 3 Halfcouch dial cap 1372/5074 (State Color) Steel Grey

Manufactured by American Casket Co.

Interment at Rose Hill { Cemetery / Crematory

Interment ~~Lot~~ No. 12,037

Grave No. 1378

Section No. 22

Owner

Diagram of Lot or Vault

| Item | $ | |
|---|---|---|
| Complete Funeral | 210 | 00 |
| Casket Extra Large Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery 1 @ $ | 10 | 00 |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (Sign Physician and Deceden) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers Newark Star-Eagle (Name of Newspaper) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | 2 | 00 |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | 3 | 00 |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 255 | 00 |
| Less | $ | |
| Balance | $ | |

Entered into Ledger, page .... or below.

| To Funeral Charges. Total, $ | By Cash |
|---|---|
| | Pd. March 22nd 1937 |

Insurance, $ ........ Names of Lodges ........

Names of Insurance Companies ........

We hereby authorize the above funeral and agree to pay the expenses thereof ........

Signed ........

Witness ........ Signed ........

# RECORD OF FUNERAL

Total No. 183 Yearly No. 31 Date April 6th 1937

Name of Deceased Mrs Julia Iverson (Single – Married – Divorced) Col. (What Race) Va. (Where Born)

Residence of Deceased 156 South St. Newark N.J. Husband – Wife – Widow – Sister of Joseph Iverson.

Charge to Joseph I. Iverson

Address 602 N. 30th St Richmond Va.

Order given by Brother (or informant)

How Secured Telephone

Occupation of Deceased Domestic

Name of Employer

Date of Death March 19th 1932 (Date) 5-25 (Hour)

Date of Birth

Age 60 – 4 (Years) (Months) (Days)

Date of Funeral March 21st Monday (Date) (Day of Week) 7P.M. (Hour)

Services at Union Baptist Church Tues. Mar. 23 at ...

Clergyman Rev. Johnson on Monday officiated on

His Address ... Richmond Va. Rev. J. A. ... interment ... Richmond

Religion of the Deceased Baptist

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Essex Mt. San. Verona N.J.

Cause of Death Pulmonary T.B.

Contributory Causes Sec. Bronchit.

Certifying Physician Hospital (or Coroner)

His Address Verona N.J.

Name of Father Thomas Iverson

His Birthplace Va.

Maiden Name of Mother Ellen

Her Birthplace Va.

Motor / Ship } Remains to

Size and Style of Casket 6 ft. Hinged top octagon end. Chestnut (Stain/Color)

Manufactured by American Casket Co.

Interment at Evergreen Richmond Va. Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| | | |
|---|---|---|
| Complete Funeral | $ | 185 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) Pine | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. 3 ... (State Physician's or Coroner's) | | 2 00 |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| | | |
| Outlay for Lot | | |
| Death Notices in Newspapers Newark Evening News (Names of Newspapers) | | 1 80 |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ ... Aero-plane Service, $ | | 16 75 |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | 2 00 |
| Hair | | |
| Total Footing of Bill | $ | 212 55 |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page or below. | | |

| | To Funeral Charges ... Total, $ | | By Cash. | $ |
|---|---|---|---|---|
| | | Book C | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 184 Yearly No. 32 Date April 6th 1937

Name of Deceased Alberta Jackson Col. Washington D.C.

Residence of Deceased 223 Wallace St. Orange N.J. Parent Miss Ora Fay Hunter

Charge to Miss Ora Fay Hunter

Address 314 Lindhurst St. Orange N.J.

Order given by

How Secured Ch-36996

Occupation of Deceased House Work

Name of Employer

Date of Death Mar. 20th 1937 1:10 A.M.

Date of Birth Aug. 10th 1880

Age 56 Years 7 Months 10 Days

Date of Funeral Mar. 25th Wed. 3 P.M.

Services at Church of Epiphany

Clergyman Father George M. Plaskett

His Address Water Place Orange

Religion of the Deceased Episcopal

Resided in the State

Place of Death Orange Memorial Hos. Orange N.J.

Cause of Death

Contributory Causes

Certifying Physician Dr. Rogers of the Hospital

His Address Orange Memorial Hospital

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket 6 ft. Steel Gray Hinged top

Manufactured by

Interment at Woodland Cemetery

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box Pine | | |
| Burial Vault | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery 1 @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers Newark News | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb Woodland | 18 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | 3 | 00 |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 171 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

To Funeral Charges. Total, $

Paid 4/1/37 E.C.

By Cash $

Insurance, $227.35 Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. WEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 185 Yearly No. 33 Date April 7th 19 37.
Col. Wu (What Race) (Where Born)

Name of Deceased Mrs. Jussie Neal (Single—Married—Divorced) Husband—Wife—Widow—or

Residence of Deceased 22 Rose St. Newark N.J.

Charge to Mrs. Naomi Lockett

Address 22 Rose St. Newark N.J.

Order given by Naomi Lockett (or relationship)

How Secured Crost. to door

Occupation of Deceased Housewife

Name of Employer

Date of Death Mar. 21st (Date) 5:40 P.M. (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral Mar. 24th Wed. (Date) (Day of Week) 2 P. M. (Hour)

Services at Tabernacle Baptist Church

Clergyman Rev. J. H. Renfro

His Address 55 Somerset St. Newark N.J.

Religion of the Deceased Baptist

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket 6 ft. 3 in. Hinged top Octg. (State Color) end. Steel Gray Embossy Plush

Manufactured by American Casket Co.

Interment at Glendale { Cemetery / Crematory

Diagram of Lot or Vault

Lot No. Blk. 1

Grave No. 28

Section No. 3 Row 17

Owner Naomi Lockett

| Item | $ |
|---|---|
| Complete Funeral | 175 00 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) Pine | |
| Burial Vault (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) ... Hose, $ | |
| Underwear, $ ... Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Badge, $ ... Gloves, $ | |
| Hearse, $ ... Ambulance, $ | |
| Limousines to Cemetery 1 @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in ... Newspapers (Names of Newspapers) | |
| Flowers, $ ... Rental of Palms, $ | |
| Rental of Tent, $ ... of Temporary Tomb, $ | |
| Lowering Device, $ ... Cremation, $ | |
| Opening of Grave or Tomb | 55 00 |
| Lining Grave, $ ... Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | 230 00 |
| Less | |
| Balance | |

Entered into Ledger, page ... or below.

To Funeral Charges.... Total, $ ... By Cash $

Paid 4/5/37

Insurance, $ ... Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ... Signed

Compiled by F. J. PENDLEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 146 Yearly No. 33 Date April 7th 1937

Name of Deceased Mr. Thomas Moore (Single Married Divorced) Col (What Race) Georgia (Where Born)

Residence of Deceased 174 Pennsylvania Ave Newark Husband Wife Widow or Brother { Mr Russell Moore

Charge to Mr. Russell Moore

Address 174 Pennsylvania Ave Newark

Order given by Brothers & Sisters

How Secured New Family

Occupation of Deceased

Date of Death Mar. 23rd 1937 (Date) 4 P.M. (Hour)

Date of Birth

Age 35 (Years) (Months) (Days)

Date of Funeral Mar 27th (Date) (Day of Week) 2.30 P.M. (Hour)

Services at Funeral Home

Clergyman Rev. McCoy

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket Cut top Square (State Color) 2nd Silver Grey

Manufactured by American Casket Co.

Interment at Fairmont (Cemetery / Crematory)

Diagram of Lot or Vault

Lot No. 4

Grave No. 83

Section No. 11

Owner

| Item | $ |
|---|---|
| Complete Funeral | 130 00 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber $ Hair Dressing $ | |
| Dressing Body | |
| Shirt or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery 1 @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | 18 00 |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | 148 00 |
| Less Mar. 27th on acct. | 48 00 |
| Balance | 100 00 |

Entered into Ledger, page ... or below.

| To Funeral Charges. Total, $ | | By Cash $ |
|---|---|---|
| | Paid J.B.C. | |

Insurance, $ ... Names of Lodges

Names of Insurance Companies Govt. Burial allowance World War Veteran

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ... Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

184

# RECORD OF FUNERAL

Total No. 187 Yearly No. 34 Date April 7th 1937

Name of Deceased Mr. William W. Anderson (Single Married Divorced) Col (What Race) Lexington Va. (Where Born)

Residence of Deceased 315 Halsey St Newark N.J. Husband—Wife—Widow—or Brother or Sister {Mrs. Mary Anderson

Charge to: Mrs. Mary Anderson

Address 315 Halsey St Newark N.J.

Order given by (or Informant)

How Secured

Occupation of Deceased Retired Barber

Name of Employer

Date of Death Mar 23rd 1937 (Date) 6-30 P.M. (Hour)

Date of Birth June

Age 73 (Years) (Months) (Days)

Date of Funeral Mar 25th (Date) (Day of Week) 8 P.M. (Hour)

Services at Residence 315 Halsey St.

Clergyman Father Berry & Rev.

His Address Newark N.J.

Religion of the Deceased Episcopal

Resided in the State (in U.S. or City or County) (Years) (Months)

Place of Death 315 Halsey St.

Cause of Death

Contributory Causes

Certifying Physician Dr. W. H. Washington (or Coroner)

His Address High St Newark N.J.

Name of Father William Anderson

His Birthplace Va.

Maiden Name of Mother Hannah ?

Her Birthplace Va.

Motor / Ship } Remains to

Size and Style of Casket 6 ft 3. Hinged top octagon — Chestnut Finished grey with Corner & Thumb Screws

Manufactured by American Casket Co.

Interment at Fairmont (Cemetery / Crematory)

Diagram of Lot or Vault

Lot No. 642

Grave No.

Section No. 10

Owner

| Item | Amount |
|---|---|
| Complete Funeral | $ 125.00 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) Wood | 20.00 |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | 25.00 |
| Hair Dressing $ / Badge, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | 15.00 |
| Limousines to Cemetery 1 @ $ | 10.00 |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | 15.00 |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | 25.00 |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Transcript | .50 |
| Total Footing of Bill | $ 235.50 |
| Less | $ 53.13 |
| Balance | $ 181.00 |

Entered into Ledger, page 6 or below.

| | | To Funeral Charges. Total, $ | | April | 3 | By Cash | $ 53.13 |
|---|---|---|---|---|---|---|---|

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

188

# RECORD OF FUNERAL

Total No. 188 Yearly No. 35 Date April 7th 1937

Name of Deceased Mrs Laura Bell Jones Walls Col. Ga.

Residence of Deceased 76 Collins st. Orange N.J. 1st — mother of Mr John L Jones

Charge to Mr John L Jones

Address St Petersburg Fla.

Order given by John L Jones

How Secured Telephone

Occupation of Deceased Domestic

Name of Employer

Date of Death Mar. 29th 7.30 P.M.

Date of Birth Dec. 1897

Age 40

Date of Funeral April 3rd Sat. 3 P.M.

Services at Funeral Parlor

Clergyman Rev. Philly

His Address Thomas St Newark

Religion of the Deceased Baptist

Resided in the State 11 (Years)

Place of Death Collins and Hilts St. Orange

Cause of Death Heart trouble

Contributory Causes see Permit

Certifying Physician W. Olcott Jr

His Address Hamilton St E Orange

Name of Father John Jones

His Birthplace Ga.

Maiden Name of Mother

Her Birthplace Ga.

Motor / Ship } Remains to

Size and Style of Casket gray Coffin

Manufactured by Ames

Interment at Rosehill (Cemetery / Crematory)

Diagram of Lot or Vault

Lot No.

Grave No. 1379

Section No. 27

Owner John Jones

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 72 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box, P. | 12 | 00 |
| Burial Vault | | |
| Embalming Body with Fluid | | |
| Barber $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| 2 Certif. Copies of Death Certificates No. | 1 | 00 |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| 2 L.R. | | |
| Bill to Ins Co. | | |
| Total Footing of Bill | 113 | 00 |
| Less | 25 | 00 |
| Balance | 88 | 00 |

Entered into Ledger, page or below.

| To Funeral Charges | Total, $ | Date | | By Cash | $ |
|---|---|---|---|---|---|
| | | April | 10th | By Cash | 25.00 |

Insurance, $ Names of

Names of Insurance Companies Prospective Life Ins. Co. Camden N.J.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 189 Yearly No. 36 Date April 9th 1937

Name of Deceased Mrs. Bertha Thompson (Single — Married — Divorced) Col. (What Race) Maryland (Where Born)

Residence of Deceased 64 Monmouth St. Newark Husband—Wife—Widow —daughter— of Mr. George Ashton

Charge to Mr. George Ashton

Address 74 Monmouth St.

Order given by Mr. George Ashton (Relationship)

How Secured

Occupation of Deceased Domestic

Name of Employer

Date of Death Mar. 30th 1937 (Day) 11:30 p.m. (Hour)

Date of Birth July 10th

Age (Years) (Months) (Days)

Date of Funeral April 3rd Sat. (Date) (Day of Week) 2-30 P.M. (Hour)

Services at Funeral Home

Clergyman Rev. T. T. Tucker

His Address 50 Miller St. Newk N.J.

Religion of the Deceased Baptist

Resided in the State 23 yrs. (Years) (Months) (In U.S. or City or County)

Place of Death Newark City Hospital

Cause of Death See Cabinet

Contributory Causes

Certifying Physician Hospital doctor (or Coroner)

His Address City Hospital

Name of Father George Ashton

His Birthplace Va.

Maiden Name of Mother Mary Nicole

Her Birthplace Maryland

Motor / Ship / Remains to

Size and Style of Casket H.C. Square end (State Color) Grey miller

Manufactured by [illegible] Casket Co.

Interment at Rosehill (Cemetery / Crematory)

Lot No.

Grave No. 98

Section No. 10

Owner Father Mr. George Ashton

(Diagram of Lot or Tomb)

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 260 | 00 |
| Casket |  |  |
| Metallic Lining |  |  |
| Outside Box (State Kind) |  |  |
| Burial Vault (State Kind) |  |  |
| Embalming Body with (State Kind) Fluid |  |  |
| Barber, $ Hair Dressing, $ |  |  |
| Dressing Body |  |  |
| Suit or Dress, $ (State Color) Hose, $ |  |  |
| Underwear, $ Slippers, $ |  |  |
| Folding Chairs, $ Tarpaulin, $ |  |  |
| Candelabrum, $ Candles, $ |  |  |
| Door Badge, $ Gloves, $ |  |  |
| Hearse, $ Ambulance, $ |  |  |
| Limousines to Cemetery @ $ |  |  |
| Autos to R. R. Station @ $ |  |  |
| Getting Remains from |  |  |
| Taking Remains to |  |  |
| Delivering Box to |  |  |
| Flowers to |  |  |
| Removal Charges |  |  |
| Procuring Burial Permit (State Number and District) |  |  |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) |  |  |
| Pall Bearer Service |  |  |
| Personal Service |  |  |
| Use of Chapel |  |  |
| Outlay for Lot |  |  |
| Death Notices in Newspapers (Names of Newspapers) |  |  |
| Flowers, $ Rental of Palms, $ |  |  |
| Rental of Tent, $ of Temporary Tomb, $ |  |  |
| Lowering Device, $ Cremation, $ |  |  |
| Opening of Grave or Tomb | 50 | 00 |
| Lining Grave, $ Matting, $ |  |  |
| Outlay for Shipping Charges |  |  |
| Clergyman, $ Singers, $ Organist, $ | 5 | 00 |
| Railroad or Motor Tickets, $ Aeroplane Service, $ |  |  |
| Telegr., Phone, Cable or Radio Charges |  |  |
| Cash Advanced | 7 | 00 |
| Out of town Undertaker's Charges |  |  |
| Extra Car | 10 | 00 |
| Total Footing of Bill | 332 | 00 |
| Less | 5 | 00 |
| Balance | 327 | 00 |

Entered into Ledger, page ...... or below.

| To Funeral Charges Total, $ | | By Cash | $ |
|---|---|---|---|
|  | Paid 4/9/37 |  |  |

Insurance, $ ...... Names of Lodges

Names of Insurance Companies Met Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ...... Signed

# RECORD OF FUNERAL

Total No. 196 Yearly No. 37 Date April 8th 1937

Name of Deceased Luther Sledge Col Va

Residence of Deceased 251 Broome St Newark Katherine Sledge

Charge to Katherine Sledge

Address 251 Broome St Newark N. J.

Order given by Wife & Brothers

How Secured Friend

Occupation of Deceased Carpenter

Name of Employer Self

Date of Death March 31, 1937

Date of Birth March 15th 1890

Age 47 (Years) 0 (Months) 16 (Days)

Date of Funeral March 6th 1937 12-30 P.M.

Services at Funeral Parlor

Clergyman Rev. J. Wells

His Address 114 Spruce St Newark N.J.

Religion of the Deceased

Resided in the State

Place of Death Vets. Adm. Facility

Cause of Death Tuberculosis Pul. Chronic

Contributory Causes

Certifying Physician J. E. Wallace M.D.

His Address Mgr. VA. Castle Point N.J.

Name of Father William Sledge

His Birthplace North Carolina

Maiden Name of Mother unknown

Her Birthplace Va.

Motor / Ship Remains to

Size and Style of Casket Octagon end gray Hinged top Furnished by Govt

Manufactured by

Interment at Fairmount Cem. (Cemetery / Crematory)

Soldiers Plot — Lot No. 5, Grave No. 1, Row / Section No. 19

Diagram of Lot or Vault

Owner Wife Mrs. Catherine Sledge

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | 15 | 00 |
| Limousines to Cemetery 1 @ $ | 10 | 00 |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Ex. Certif. Copies of Death Certificates No. | | |
| Pall Bearer Service | | |
| Personal Service | 20 | 00 |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 18 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 63 | 00 |
| Less | 28 | 00 |
| Balance | 35 | 00 |

Entered into Ledger, page .... or below.

To Funeral Charges. Total, $ — By Cash $

Paid J. E. C.

Insurance, $. Names of Lodges

Names of Insurance Companies Govt. Burial allowance

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 191 Yearly No. 38 Date April 8th 1937

Name of Deceased Lula Newkirk (Married — Divorced) Col. (What Race) N. C. (Where Born)

Residence of Deceased 8111 Long Beach Rd. Rockaway (Husband — Wife — Widow — of) Geo. Newkirk

Charge to Daughter Mrs. Lorain Wallace

Address 2-2 Wallace St. W. New Orange

Order given by Daughter

How Secured Recommended

Occupation of Deceased none

Name of Employer March 30, 1937

Date of Death

Date of Birth About 1869

Age About 68 (Years) (Months) (Days)

Date of Funeral April 2, Friday (Date) (Day of Week) 2:00 P. M.

Services at Funeral Home

Clergyman Rev. R. C. Pulley

His Address Central Ave. Orange

Religion of the Deceased Baptist

Resided in the State (in U. S. or City or Country) (Years) (Months)

Place of Death Pilgrim State Hospital Brentwood

Cause of Death Senility

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Jack Nelson

His Birthplace N. C.

Maiden Name of Mother Hester Adams

Her Birthplace N. C.

Ship Remains to

Size and Style of Casket Grey coffin

Manufactured by Unner

Interment at Rosehill Cem. (Cemetery / Crematory)

Diagram of Lot or Tomb

Lot No.

Grave No. 1319

Section No. 22

Owner Mrs. Wallace Daughter

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 80 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box Case (State Kind) | 2 | 00 |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Turpentine, $ | 1 | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers | | |
| (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 23 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 122 | 00 |
| Less Mrs. Wallace's discount | 10 | 00 |
| Balance | 112 | 00 |
| Entered into Ledger, page or below. discount | 12 | 00 |

| To Funeral Charges.... Total, $ | By Cash | $ | ¢ |
|---|---|---|---|
| Paid May 20, 1937 | | 100 | 00 |

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof.

Signed

Witness Signed

Compiled by F. J. FRINKMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 194 Yearly No. 41 Date June 4 1937.

Name of Deceased Mr. Walter Morris (Single — Married — Divorced) Col (What Race) Ala (Where Born)

Residence of Deceased (Husband—Wife—Widow—or of)

Charge to Mrs. Malachi J. Jones

Address Widener St. Grand M.

Order given by Mrs. M. J. Jones

How Secured Served before

Occupation of Deceased Labor

Name of Employer

Date of Death May 2nd (Date) 3:50 P.M. (Hour)

Date of Birth 1899

Age about 38 (Years) (Months) (Days)

Date of Funeral 6 (Date) Tuesday (Day of Week) (Hour) M.

Services at Bethel Baptist Church

Clergyman Rev. G. L. Johnson

His Address Walton St Chicago

Religion of the Deceased Baptist

Resided in The State (or U. S. or City or County) (Years) (Months)

Place of Death Orange Memorial Hospital

Cause of Death Miliary T. B.

Contributory Causes

Certifying Physician Dr. David Simpson (or Coroner)

His Address Orange Memorial Hospital

Name of Father Charles Morris

His Birthplace Ala

Maiden Name of Mother Anna Jones

Her Birthplace Ala

Motor / Ship } Remains to

Size and Style of Casket 6 ft Cut top. [illegible] (State Color) of [illegible] square

Manufactured by Miller

Interment at Brookfield { Cemetery / Crematory

Brookland Glen 2nd Tussie Brown (Diagram of Lot or Vault)

Lot No.

Grave No.

Section No.

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | 130 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 155 | 00 |
| Less Discount | 5 | 00 |
| Balance | 150 | 00 |

Entered into Ledger, page ...... or below.

| | To Funeral Charges... Total, $ | | By Cash | $ |
|---|---|---|---|---|
| | | Paid | | |

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins Co

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. WEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 195 Yearly No. 42 Date June 1st 1937

Name of Deceased Mrs. Lizzie Attles (Single—Married—Divorced) Colored (Which Race) (Where Born)

Residence of Deceased 205 Bergen St. Newark N.J. Husband—Wife—Widow— of

Charge to: Mrs. Maggie Attles (Mother)

Address 245 Bergen St. Newark N.J.

Order given by Mother (or relation)

How Secured Served family before

Occupation of Deceased H.W.

Name of Employer

Date of Death May 6th 1937 (Date) 6:30 PM (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral May 11 1937 (Date) Tuesday (Day of Week) 2 P. M. (Hour)

Services at Church of God in Christ

Clergyman Rev. James A. Wells

His Address Spruce & Irvine St. N.J.

Religion of the Deceased Sanctified

Resided in the State (in U.S. or City or County) (Years) (Months)

Place of Death Essex Co. Hospital Cedar Grove

Cause of Death See Permit

Contributory Causes

Certifying Physician Dr. George P. Alcott Jr. (or Coroner)

His Address Orange N.J.

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket 6 ft. Steel Grey (State Color) Hinged top with overlay

Manufactured by Mulloy

Interment at Rosehill { Cemetery / Crematory

Interment #12,170

Lot No.

Grave No. 1385

Section No. 22

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery 2 @ $ 10 | 20 | 00 |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | [illegible] |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 195 | 00 |
| [illegible] | | |
| Balance | | |

Entered into Ledger, page ..or below.

| | To Funeral Charges. Total, $ | | By Cash | $ |
|---|---|---|---|---|
| | | Paid May 14th | | |

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 196 Yearly No. 43 Date June 4th 1937

Name of Deceased Mrs. Sarah Williams (Single—Married—Divorced) Colored (White Race) Georgia (Where Born)

Residence of Deceased 175 West Kinney St. 2nd floor

Husband—Wife—Widow— of

Charge to Mrs. Alapia Bryant Left

Address 175 W. Kinney St. 2nd. floor

Order given by Several Family before (or otherwise)

How Secured

Occupation of Deceased None

Name of Employer

Date of Death May 10th 1937 5 A.M. (Date) (Hour)

Date of Birth March 17th

Age 85 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at Thomasville Ga.

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death 175 W. Kinney St. Newark N.J.

Cause of Death See Ukmarst

Contributory Causes

Certifying Physician S. L. Williams (or Coroner)

His Address Walnut St. Newark N.J.

Name of Father Edmund Tolliver

His Birthplace Ga.

Maiden Name of Mother Sarah ?

Her Birthplace Ga.

Move / Ship } Remains to Thomasville Ga.

Size and Style of Casket 6 ft 3 Sebork gray (State Color) Hinged top

Manufactured by Miller

Interment at { Cemetery / Crematory

| Diagram of Lot or Vault | |
|---|---|
| | Lot No. |
| | Grave No. |
| | Section No. |
| | Owner |

| Item | $ | |
|---|---|---|
| Complete Funeral | 190 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | X |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Date) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notice in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 190 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page 6 or below.

| To Funeral Charges Total $ | By Cash | $ |
|---|---|---|
| | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEHRMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 197 Yearly No. 64 Date May 4 1937

Name of Deceased Wesley Kemp (Single-Married-Divorced) ... S. Carolina (Where Born)

Residence of Deceased 100 Brighton Ave Kearny

Charge to: Wife Mrs. Lorraine Kemp

Address 100 Brighton Ave Kearny N.J.

Order given by Wife

How Secured Service before

Occupation of Deceased Laborer

Name of Employer

Date of Death May 10th 1937

Date of Birth about 1875

Age about 62

Date of Funeral May ... Saturday

Services at Zion Hill Baptist Church

Clergyman Rev. J. A. Pickens

His Address Grant Ave. Kearny

Religion of the Deceased Baptist

Resided in the State

Place of Death Schuyler Ave near Kearny St.

Cause of Death Syncope from Cardiac...

Contributory Causes

Certifying Physician A. A. Mulligan

His Address Cleveland Ave. Harrison

Name of Father Julius Kemp

His Birthplace S. Carolina

Maiden Name of Mother Maria ?

Her Birthplace S. Carolina

Motor / Ship } Remains to

Size and Style of Casket 6 ft. 3 in. ... Oak open full Couch

Manufactured by N. J. Casket Co.

Interment at Woodland (Cemetery / Crematory)

Family Plot ...

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 275 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box ... painted | 17 | 50 |
| Burial Vault | | |
| Embalming Body ... with ... Fluid | 25 | 00 |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ ... Hose, $ | | |
| Underwear, $ ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Chandelabrum, $ ... Candles, $ | | |
| Door Badge, $ ... Gloves, $ | | |
| Hearse, $ ... Ambulance, $ | 20 | 00 |
| Limousines to Cemetery ... @ $ | 10 | 00 |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| 2 Certif. Copies of Death Certificate No. | 2 | 00 |
| Pall Bearer Service | | |
| Personal Service | 25 | 00 |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ... Newspapers | | |
| Flowers, $ ... Rental of Palms, $ | | |
| Rental of Tent, $ ... of Temporary Tomb, $ | | |
| Lowering Device, $ ... Cremation, $ | | |
| Opening of Grave or Tomb | 26 | |
| Lining Grave, $ ... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 400 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

To Funeral Charges. Total, $ — Paid 5/26/37 — By Cash. $

Insurance, $ ... Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expense thereof

Signed

Witness ... Signed

Compiled by F. J. FEUERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 195 Yearly No. 42 Date June 11 1937

Name of Deceased Mrs. Norman Dixon (Single—Married—Divorced) Colored (What Race) Baxley Ga. (Where Born)

Residence of Deceased 436 Lakeside Ave Orange Husband—Wife—Widow Henry L. Hudson

Charge to Mrs. & Sister Nix Newberry

Address [illegible] Lakeside Ave

Order given by Henry (Relationship)

How Secured Served before

Occupation of Deceased Mrs. Contractor

Name of Employer Housewife

Date of Death June 9, 1937 7 A.M. (Date) (Hour)

Date of Birth Dec 4th 1892

Age 5 (Years) 2 (Months) 21 (Days)

Date of Funeral June 12 (Date) Wednesday (Day of Week) 2 P. (Hour) M.

Services at St. Luke A.M.E. Church

Clergyman Rev. H. H. Thomas

His Address

Religion of the Deceased Methodist

Resided in the State (in U.S. or City or County) (Years) (Months)

Place of Death 436 Lakeside Ave Orange

Cause of Death [illegible]

Contributory Causes

Certifying Physician Dr. W. O. Alexander (or Coroner)

His Address Webster Place Orange

Name of Father Ezekiel D. Dixon

His Birthplace Ga

Maiden Name of Mother Roberta Robinson

Her Birthplace Ga

Motor / Ship Remains to

Size and Style of Casket Silver gray (State Color) Hinged top

Manufactured by Mueller

Interment at Rosehill (Cemetery / Crematory)

Lot No.

Grave No. 22-1367

Section No. 22

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charge | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 32 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 182 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ..... or below.

| To Funeral Charges. Total, $ | | By Cash $ |
|---|---|---|
| | Paid 6/17/1937 | |

Insurance, $ Names of Lodges

Names of Insurance Companies Washington Natl. Ins Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 1?? Yearly No. 46 Date Jun. 28 1937

Name of Deceased [illegible] (Single Married Divorced) [illegible] (What Race) (Where Born)

Residence of Deceased [illegible] Widow—Widower of [illegible]

Charge to: Mrs. [illegible]

Address 72 Whitney St. Newark N.J.

Order given by [illegible]

How Secured [illegible]

Occupation of Deceased Housewife

Name of Employer

Date of Death May 26th 19.. 1.30 (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral 5/29/1937 (Day of Week) 2P (Hour)

Services at Zion Hill Baptist Church

Clergyman Rev. J. A. Pullens

His Address Grant Ave. [illegible] N.J.

Religion of the Deceased Baptist

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death Hudson Co. [illegible] Hospital

Cause of Death See Permit

Contributory Causes

Certifying Physician Hospital Staff (or Coroner)

His Address Hudson Co. Hospital

Name of Father See Attached

His Birthplace " "

Maiden Name of Mother " "

Her Birthplace " "

Motor / Ship } Remains to

Size and Style of Casket 6 ft. Grey plush (State Color) Half Couch

Manufactured by

Interment at Evergreen {Cemetery / Crematory}

Single grave 4 G. ? / Grove 7 / Row 19 — Lot No. — Grave No. — Section No. — Owner

Diagram of Lot or Tomb

| | | |
|---|---|---|
| Complete Funeral | $200 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery 1 @ $ Extra | 10 | 00 |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Name of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 50 | [illegible] |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $310 | 00 |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page or below. | | |

| To Funeral Charges. Total, $ | | By Cash | $ |
|---|---|---|---|
| | Paid June 5, 1937 | | |

Insurance, $ Name of Lodges

Name of Insurance Companies Met Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 200 Yearly No. 47 Date July 28 1937

Name of Deceased Mrs. Bertha M. Campbell Col

Residence of Deceased Aurora Ill.

Charge to Mrs. Clara Brown

Address 2 17 [illegible] Ave. Aurora Ill.

Order given by Mrs. Clara Brown

How Secured [illegible]

Occupation of Deceased H. W.

Name of Employer

Date of Death May 26th 1937

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral 5/28/37 Tuesday 2 M.

Services at Cemetery

Clergyman Rev. [illegible]

His Address [illegible]

Religion of the Deceased Episcopal

Resided in the State (or U. S., or City or County) (Years) (Months)

Place of Death Aurora Ill.

Cause of Death Carcinoma

Contributory Causes

Certifying Physician (or Coroner)

His Address See Permit

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket Half Couch (State Color) Grey plush

Manufactured by Natl

Interment at Evergreen { Cemetery / Crematory

Diagram of Lot or Vault: [illegible] Parkes Lot [illegible] 45 Rows

Lot No.

Grave No.

Section No.

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | | |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid (State Kind) | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | 15 | 00 |
| Limousines to Cemetery @ $ | 10 | 00 |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | 25 | 00 |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | 35 | 00 |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) [illegible] | 2 | 50 |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | 5 | 00 |
| Opening of Grave or Tomb | 30 | 00 |
| Lining Grave, $ Matting, $ | 2 | 00 |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 134 | 50 |
| Less | | |
| Balance | | |

Entered into Ledger, page ...... or below.

| To Funeral Charges....Total, $ | | By Cash $ |
|---|---|---|
| | Paid [illegible] | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 201 Yearly No. 4 Date Jun. 8 1937

Name of Deceased Mr. John H. Robinson Col. Va.

Residence of Deceased 4 No. Grove St. E. Orange, N.J. Husband of Anne Goodard

Charge to: Mrs. Maria Lewis

Address 47 No. Grove St. E. Orange, N.J.

Order given by Family

How Secured Friend of Daughter

Occupation of Deceased Laborer

Name of Employer City of E. Orange, N.J.

Date of Death May 12th 1937 10:20 P.M.

Date of Birth about 1865

Age about 72

Date of Funeral May 15, 1937

Services at Funeral Home

Clergyman Rev. Hutchins

His Address E. Orange, N.J.

Religion of the Deceased Baptist

Resided in the State

Place of Death Orange Memorial Hospital

Cause of Death Cerebral Apoplexy

Contributory Causes

Certifying Physician Dr. Geo. P. Asporth

His Address Asst. Medical Ex. of Essex Co.

Name of Father William Robinson

His Birthplace Va.

Maiden Name of Mother Mary

Her Birthplace Va.

Motor / Ship } Remains to

Size and Style of Casket 6 ft. 2 in. Steel grey hinged top, dol.

Manufactured by Miller

Interment at Glendale (Cemetery / Crematory)

Grave board delivered same date bill paid J. E. C.

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 200 | 00 |
| Casket (State Kind) | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) ... Hose, $ | | |
| Underwear, $ ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Badge, $ ... Gloves, $ | | |
| Hearse, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | 10 | 00 |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (Note Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ... Newspapers (Names of Newspapers) | | |
| Flowers, $ ... Rental of Palms, $ | | |
| Rental of Tent, $ ... of Temporary Tomb, $ | | |
| Lowering Device, $ ... Cremation, $ | | |
| Opening of Grave or Tomb | 50 | 00 |
| Lining Grave, $ ... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 260 | 00 |
| Less | 10 | 00 |
| Balance | 250 | 00 |

Entered into Ledger, page ... or below.

| To Funeral Charges ... Total, $ | | By Cash | $ |
|---|---|---|---|
| | Paid 5/20/37 J. E. C. | | |

Insurance, $ ... Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ... Signed

# RECORD OF FUNERAL

Total No. 202 Yearly No. 49 Date May 28 1937

Name of Deceased Mrs. Jobie Weston (Single—Married—Divorced) Col (When Born) (Where Born)

Residence of Deceased 141 Charlton St. North Husband—Wife—Widow: Mother — Carlos Holmes

Charge to

Address Lotter St. Inwood

Order given by Family

How Secured New Family

Occupation of Deceased H. W.

Name of Employer

Date of Death May 14th 1937 7 A.M.

Date of Birth See Permit

Age (Years) (Months) (Days)

Date of Funeral May 19th Wed. 2 P.M. (Date) (Day of Week) (Hour)

Services at St. Lukes A. M. E. Church Charlton St.

Clergyman Pastor

His Address

Religion of the Deceased A. M. E.

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket Lofe h... top (State Color) grey doe

Manufactured by Miller

Interment at Rochelle Cem. Cemetery

Diagram of Lodge Vault

Lot No.

Grave No. 1371

Section No. 22

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 176 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body, with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 200 | 00 |
| Less Cash for grave | 176 | 00 |
| Balance | | |

Entered into Ledger, page 5 or below.

| | To Funeral Charges Total, $ | | | By Cash $ | |
|---|---|---|---|---|---|
| | | | | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo

# RECORD OF FUNERAL

Total No. 203 Yearly No. 50 Date [illegible] 28 1937

Name of Deceased Miss Ida Holmes (Single — Married — Divorced) Colorado Ga. (When Born) (Where Born)

Residence of Deceased 124 Charlton St. Newark — Husband—Father—Wife — Mrs. Estella Holmes

Charge to: [illegible] (31 Taf)

Address [illegible]

Order given by: [illegible] Mother

How Secured New Family

Occupation of Deceased student

Name of Employer P. Savino

Date of Death May 19th 1937 (Date) 4 A.M. (Hour)

Date of Birth [illegible] 3, 1919

Age 17 (Years) 9 (Months) 16 (Days)

Date of Funeral May 24 (Date) Monday (Day of Week) 2 P. M. (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death Pulmonary T. B.

Contributory Causes

Certifying Physician William [illegible] (or Coroner)

His Address Nwk. City Hospital

Name of Father John Holmes

His Birthplace Ga.

Maiden Name of Mother Estella Moore

Her Birthplace Ga.

Motor / Ship } Remains to

Size and Style of Casket White [illegible] (State Color)

Cut top. Square end

Manufactured by [illegible]

Interment at Rosehill { Cemetery / Crematory

Lot No.

Grave No. 1558

Section No. 72

Owner

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ Hose, $ | |
| Underwear, $ (State Color) Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and Mailed) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |

Entered into Ledger, page 7 or below.

| To Funeral Charges. | Total, $ | | By Cash | $ |
|---|---|---|---|---|

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 204 Yearly No. 151 Date Jun. 29 1937

Name of Deceased Master Henry Gibbons Col. Newark N. J.

Residence of Deceased 156 Boyd St. Newark N. J. — Son — F. W. Albert Gibbons

Charge to Father

Address 156 Boyd St. Newark N. J.

Order given by Father

How Secured New Family

Occupation of Deceased P. S. Pupil

Name of Employer

Date of Death Jun. 21 1937

Date of Birth 1924

Age 12 (Years) (Months) (Days)

Date of Funeral June Thursday 24 M.

Services at Clinton Memorial Church

Clergyman Rev. Nelson

His Address Crittenden St. Newark

Religion of the Deceased A. M. E. Zion

Resided in the State Lifetime

Place of Death Irvington N. J.

Cause of Death Drowning while bathing Elizabeth Road

Contributory Causes

Certifying Physician Dr. Martland

His Address Chief Medical Examiner

Name of Father Albert Gibbons

His Birthplace Ga.

Maiden Name of Mother Anna Brown

Her Birthplace Ga.

Motor / Ship } Remains to

Size and Style of Casket White plush Open full length Hinged top

Manufactured by American

Interment at Evergreen { Cemetery / Crematory

Lot No. Row 19

Grave No. H

Section No. Single grave Plot 4 CR

Owner

Diagram of Lot or Vault

| | | |
|---|---|---|
| Complete Funeral | $200 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | 7 | 00 |
| Opening of Grave or Tomb | 50 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $257 | 00 |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page or below. | | |

To Funeral Charges. Total, $

By Cash $

Paid $2.00

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 205 Yearly No. 52 Date July 29 1937

Name of Deceased Mrs. Harold Smith

Residence of Deceased 34 Sterling St. E. Orange

Charge to Mrs. Mattie Matten

Address 34 Sterling St. E. O. N. J.

Order given by Mrs. Matten

How Secured New Family

Occupation of Deceased laborer

Name of Employer

Date of Death May 27th 1937 6 A.M.

Date of Birth Oct. 19, 1905

Age 31 Years 7 Mo. 8 days

Date of Funeral [illegible] 10 A.M.

Services at [illegible] Home

Clergyman Rev. [illegible]

His Address Vaux Hall N.J.

Religion of the Deceased Baptist

Resided in the State

Place of Death Essex Mtn. San.

Cause of Death Pulm. T. B.

Contributory Causes

Certifying Physician Hospital Staff

His Address Verona N.J.

Name of Father Lloyd Smith

His Birthplace New Jersey

Maiden Name of Mother [illegible]

Her Birthplace N.J.

Motor / Ship } Remains to

Size and Style of Casket Sebrie & Day Coffin

Manufactured by American

Interment at Rosehill Cem. { Cemetery / Crematory

Grave moved July 26, 1937 E.C. (Diagram of Lot or Vault)

Lot No.

Grave No. 1268

Section No. 22

Owner

| | | |
|---|---|---|
| Complete Funeral | $ 70 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault | | |
| Embalming Body ... with (Name Kind) ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) ... Hose, $ | | |
| Underwear, $ ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Badge, $ ... Gloves, $ | | |
| Hearse, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ... Newspapers (Names of Newspapers) | | |
| Flowers, $ ... Rental of Palms, $ | | |
| Rental of Tent, $ ... of Temporary Tomb, $ | | |
| Lowering Device, $ ... Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ ... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ 100 | 00 |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page ... or below. | | |

| To Funeral Charges. Total, $ | Paid July 26, 1937 | By Cash $ |
|---|---|---|

Insurance, $ ... Names of Lodges

Names of Insurance Companies Prudential Ins. Co.

We hereby authorize the above funeral and agree to pay the expense thereof

Signed

Witness ... Signed

# RECORD OF FUNERAL

Total No. 206 Yearly No. 53 Date July 29 1937

Name of Deceased Mrs. Mertie Webb (Single—Married—Divorced) Col. (What Race) Ga. (Where Born)

Residence of Deceased 149½ Howard St. Nork. Va (Husband—Wife—Widow—of) Charles Wilson

Charge to Family

Address 149½ Howard St. Nork Va

Order given by Family

How Secured New Family

Occupation of Deceased H. W.

Name of Employer

Date of Death June 9 1936 6:10 A.M. (Hour)

Date of Birth July 19 1902

Age 33 (Years) 10 (Months) 20 (Days)

Date of Funeral June 12 (Date) (Day of Week) (Hour) M.

Services at Funeral Home

Clergyman Rev. Borders

His Address

Religion of the Deceased Baptist

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 149½ Howard St. Nork. Va

Cause of Death [illegible]

Contributory Causes

Certifying Physician Dr. Wurzil (or Coroner)

His Address 2?? Brambleton St. Nork. Va

Name of Father Joseph Sammon

His Birthplace S. C.

Maiden Name of Mother Catherine Kelley

Her Birthplace S. C.

Motor / Ship } Remains to

Size and Style of Casket Silver grey (State Color) Coffin

Manufactured by Amer

Interment at Roseshill { Cemetery / Crematory

Lot No.

Grave No. 1259

Section No. Sec. 27

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 75 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Date) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ... Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ ... of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 100 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page ... or below. | | |

To Funeral Charges. Total, $

Paid 6/18/37.

By Cash $

Insurance, $ Names of Lodges

Names of Insurance Companies none

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 207 Yearly No. 54 Date June 29 1937

Name of Deceased Mrs. Renon Williams (Single, Married, Divorced) 34 (When Born) Ala (Where Born)

Residence of Deceased 116 Walnut St. Husband—Wife—Widow of

Charge to Mr. Clem Boytright

Address 148 1/2 New York Ave. Newk N.J.

Order given by Family

How Secured New

Occupation of Deceased H. W.

Name of Employer

Date of Death June 6, 1937 (Date) (Hour)

Date of Birth Unk

Age about 61 (Years) (Months) (Days)

Date of Funeral June 9 th Wed. (Date) (Day of Week) 2 P (Hour) M.

Services at Funeral Home

Clergyman Moorish Temple

His Address

Religion of the Deceased Moorish

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death 116 Walnut St. Newk N.J.

Cause of Death Burned

Contributory Causes

Certifying Physician County Physician

His Address Newk. City Hospital

Name of Father Charles Ramsey

His Birthplace Ala

Maiden Name of Mother Carter Williams

Her Birthplace Ala

Motor / Ship } Remains to

Size and Style of Casket Silver Grey (State Color)

Cut top coffin

Manufactured by Owner

Interment at Rosehill { Cemetery / Crematory }

| | |
|---|---|
| (Diagram of Lot or Vault) | Lot No. |
| | Grave No. 1401 |
| | Section No. 22 |
| | Owner |

| | $ | |
|---|---|---|
| Complete Funeral | 75 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Cactilles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | [illegible] |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 100 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below. | | |

| To Funeral Charges Total, $ | By Cash $ |
|---|---|
| Paid Bal. 10/19/37 J. E. | |

Insurance, $ Names of Lodges

Names of Insurance Companies None

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 208 Yearly No. 55 Date July 27 1937

Name of Deceased Mr. Charles Williams (Single — Married) (Divorced) Col (What Race) Atlanta Ga. (Where Born)

Residence of Deceased 116 Walnut St. Nwk. Husband — Wife — Widow — of

Charge to Mr. Clem Boatright

Address 148 1/2 New York Ave. Nwk N.J.

Order given by Family (or otherwise)

How Secured New

Occupation of Deceased Laborer

Name of Employer W. P. A.

Date of Death June 6, 1937 (Date) Hour

Date of Birth

Age 64 (Years) (Months) (Days)

Date of Funeral June 9, 1937 (Date) Wed. (Day of Week) 2P. (Hour) M.

Services at Funeral Home

Clergyman Moorish

His Address

Religion of the Deceased Moorish

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death 116 Walnut St

Cause of Death Burned

Contributory Causes

~~Certifying~~ Physician County (or Coroner)

His Address Nwk City Hospital

Name of Father unknown

His Birthplace unknown

Maiden Name of Mother "

Her Birthplace "

Motor / Ship } Remains to

Size and Style of Casket Silver grey (State Size) Coffin

Manufactured by Amer.

Interment at Rosehill { Cemetery / ~~Crematory~~

Diagram of Lot or Vault

Lot No.

Grave No. 1400

Section No. 22

Owner

| | | |
|---|---|---|
| Complete Funeral | $ 70 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ 180 | 00 |
| Less | $ | |
| Balance | $ | |

Entered into Ledger, page or below.

To Funeral Charges. Total, $ — Paid Sept 19 1937 — By Cash $

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Witness Signed

Signed

# RECORD OF FUNERAL

Total No. 2047 Yearly No. 56 Date June 29 1937

Name of Deceased Mrs. Laura Goode (Single — Married — Divorced) Cit. (When Born) Va. (Where Born)

Residence of Deceased 93 South St. Orange (Husband—Wife—Widow) Mother of Mrs. Julia Smith

Charge to: Children

Address 93 South St. Orange, N. J.

Order given by Family

How Secured Old Family

Occupation of Deceased Housewife

Name of Employer

Date of Death June 12, 1937

Date of Birth See Permit

Age

Date of Funeral June 14th Tu. 2 P. M.

Services at Union Baptist Church

Clergyman Rev. Johnson

His Address Wallace St. Orange

Religion of the Deceased Baptist

Resided in the State

Place of Death 93 South St. Orange

Cause of Death

Contributory Causes

Certifying Physician Dr. Alexander

His Address Webster Place Orange

Name of Father See Permit

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket Moss [illegible] plush 3/4 Couch with light

Manufactured by Miller Casket Co.

Interment at Rosedale Cem. (Cemetery / Crematory)

Diagram of Lot or Vault: Sec 10, Lot 3, Row 77

Lot No. 3

Grave No. 22

Section No. 10

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 325 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ ... (State Color) Hose, $ | | |
| Underwear, $ ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Cattles, $ | | |
| Door Badge, $ ... Gloves, $ | | |
| Hearse, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ... Newspapers | | |
| Flowers, $ ... (Name of Florist) Rental of Palms, $ | | |
| Rental of Tent, $ ... of Temporary Tomb, $ | | |
| Lowering Device, $ ... Cremation, $ | 7 | 00 |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 332 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

To Funeral Charges.... Total, $ — Paid — By Cash $

Insurance, $ ... Names of Lodges

Names of Insurance Companies Old age relief

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ... Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 210 Yearly No. 52 Date June 29th 1937

Name of Deceased Mr. Richard West (Single—Married—Divorced) Col. (What Race) (Where Born)

Residence of Deceased 10 Thornton St. Newark N.J. Husband—Wife—Widow of Brother of Mrs. Naomi Mandeville

Charge to Mrs. Naomi Mandeville

Address 10 Thornton St. Newark N.J.

Order given by (or informant)

How Secured

Occupation of Deceased Laborer

Name of Employer

Date of Death June 13, 1937 (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral June 16, 1937 Wed. 10:30 A.M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Rev. Mabry Smith

His Address Newark N.J.

Religion of the Deceased Methodist

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death Injuries from Auto

Contributory Causes accident

~~Certifying~~ Physician County

His Address Newark City Hospital

Name of Father See Permit

His Birthplace "

Maiden Name of Mother "

Her Birthplace "

Motor / Ship } Remains to

Size and Style of Casket, Silver gray, oct top Coffin

Manufactured by America

Interment at Rosehill { Cemetery / Crematory }

Lot No.

Grave No. 4 143

Section No. 22

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 75 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers | | |
| Flowers, $ (Names of Newspapers) Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 26 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 100 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below. | | |

To Funeral Charges. Total, $

Paid June 24, 1937

By Cash $

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 211 Yearly No. 58 Date July 29 1937

Name of Deceased Mr. Ernest Furnage (Single — Married — Divorced) Col. (What Race) (Where Born)

Residence of Deceased 15 Hillside Place Retired—Wife—Widow

Charge to Mrs. Lelma Parrish

Address 15 Hillside Place

Order given by Mrs. Parrish (or informant)

How Secured New Family

Occupation of Laborer

Name of Employer

Date of Death June 16 1937 (Date) (Hour)

Date of Birth Sept. 23 1903

Age 33 (Years) 8 (Months) 23 (Days)

Date of Funeral June 19 1937 (Date) Sat. (Day of Week) 2 P. (Hour) M.

Services at Chapel

Clergyman Rev. Clemmons

His Address

Religion of the Deceased Baptist

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death St. Mission Hospital

Cause of Death See Permit

Contributory Causes "

~~Certifying~~ Physician County (or Coroner)

His Address Vine City Hospital

Name of Father See Permit

His Birthplace " "

Maiden Name of Mother " "

Her Birthplace " "

Motor / Ship } Remains to

Size and Style of Casket 6 ft. Silver Grey (State Color) Hinged top

Manufactured by Miller

Interment at Rosehill { Cemetery / Crematory

Grave card delivered by F. E. Dant July 1, 1937

Diagram of Lot or Vault

Lot No.

Grave No.

Section No. 22

Owner

| | $ | |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | [illegible] |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 175 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below. | | |

To Funeral Charges.... Total, $

Paid July 1, 1937

By Cash $

Insurance, $ Names of Lodges

Names of Insurance Companies Nat. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expense thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 214 Yearly No. 59 Date June 29 1937

Name of Deceased Mrs. Elvery Bush (Single, Married — Divorced) Col. (What Race) (Where Born)

Residence of Deceased 80 Monmouth St. ~~Husband — Wife — Widow~~ Rosa Bush

Charge to Wife

Address above

Order given by Wife (or substitute)

How Secured New Family

Occupation of Deceased Laborer

Name of Employer

Date of Death June 20th 1937 (Date) 1.21 P.M. (Hour)

Date of Birth Mar. 10, 1883

Age 54 (Years) 3 (Months) 10 (Days)

Date of Funeral June 24th Thursday (Date) (Day of Week) 2 P. (Hour) M.

Services at Hope Hill Baptist

Clergyman Rev. J. A. Pullins

His Address Grant Ave Kearny N.J.

Religion of the Deceased Baptist

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death 80 Monmouth St

Cause of Death Myocarditis

Contributory Causes

~~Certifying~~ Physician Ast. County (or Coroner)

His Address 8th Ave Newark N.J.

Name of Father Peter

His Birthplace N.C.

Maiden Name of Mother Eliza

Her Birthplace N.C.

Ship Remains to Roxobel N. Carolina

Size and Style of Casket Steel grey (Style Color)

Oct. top octagon [illegible]

Manufactured by Amer.

Interment at { Cemetery / Crematory }

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (Name Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station 2 @ $ 10 | 20 | 00 |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | 10 | 00 |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (Name Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 180 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below. | | |

| To Funeral Charges. Total, $ | | By Cash | $ |
|---|---|---|---|
| | Paid July 2 1937 F. 80 AC | | |

Insurance, $. Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

# RECORD OF FUNERAL

Total No. 213 Yearly No. 60 Date Aug. 20 1937

Name of Deceased Felipe Cannello (Single Married or Divorced) Colored (What Race) Newark N.J. (Where Born)

Residence of Deceased 1½ Spruce St. Newark N.J. Husband of / Wife of / Child of Felipe Cannello

Charge to Mr. Cannello

Address 1½ Spruce St. Newark N.J. 4 flr

Order given by Family

How Secured Recommended New family

Occupation of Deceased None

Name of Employer —

Date of Death July 31, 1937 1:30 P.M. (Date) (Hour)

Date of Birth Sept. 17th 1933

Age 4 (Years) (Months) (Days)

Date of Funeral Aug. 4th Wednesday 2 P.M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Rev. M. Smith

His Address Rankin St. Newark N.J.

Religion of the Deceased Methodist

Resided in the State Lifetime (or U.S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death Burns

Contributory Causes —

Certifying Physician County Physician (or Coroner)

His Address Newark City Hospital

Name of Father Felipe Cannello

His Birthplace Maryland

Maiden Name of Mother Maggie Korngay

Her Birthplace Va.

Motor / Ship } Remains to

Size and Style of Casket Hinged top (Steel Cap) White Lambskin

Manufactured by N.J. Casket Co.

Interment at Rosehill { Cemetery / Crematory

Lot No.

Grave No. 254

Section No. 16A

Owner

Diagram of Lot or Tomb

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 63 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Date) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 18 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 81 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

| To Funeral Charges ... Total, $ | | By Cash | $ |
|---|---|---|---|
| | Paid J.G.S. | | |

Insurance, $ 39.80 Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 214 Yearly No. 61 Date Jun. 20 1937

Name of Deceased Mr. Jesse DANIELS (Single — Married — Divorced) Colored Ga. (When Born) (Where Born)

Residence of Deceased 157 ... St. ... Mrs Marie Sanders

Charge to Mrs Daniels (Wife)

Address 37 Prince St. top floor

Order given by Wife

How Secured New Family (or substitute)

Occupation of Deceased W.P.A. ...

Name of Employer W.P.A.

Date of Death June 6th 1937 (Hour)

Date of Birth 1891

Age 40 (Years) 4 (Months) 14 (Days)

Date of Funeral June 10th Sat. (Day of Week) 2 P. (Hour) M.

Services at Funeral Home

Clergyman Rev. M. Smith

His Address Rankin St. Newark N.J.

Religion of the Deceased Methodist

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Essex Mt. San.

Cause of Death Pulm. T.B.

Contributory Causes

Certifying Physician Hospital Staff (or Coroner)

His Address Hospital

Name of Father Sam ?

His Birthplace Ga.

Maiden Name of Mother Henrietta ?

Her Birthplace Ga.

Motor / Ship } Remains to

Size and Style of Casket Senior Gray (State Color) H.T. 6 ft.

Manufactured by Miller

Interment at Rosehill { Cemetery / Crematory

Lot No.

Grave No. 1378

Section No. 22

Owner

Diagram of Lot or Vault

| | | |
|---|---|---|
| Complete Funeral | $ 150 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badges, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | — |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ 150 | 00 |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page or below | | |

To Funeral Charges. Total, $

Paid June 17th 1937 E.G.

By Cash $

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

# RECORD OF FUNERAL

Total No. 2141 Yearly No. 62 Date Aug 20 1937

Name of Deceased Mrs Charles Smith (Single – Married – Divorced) Col (What Race) (Where Born)

Residence of Deceased ... Mrs Charles Smith (Husband – Wife – Widow)

Charge to: Robert L. Simpson

Address 7.3 Newark St. Newark N.J.

Order given by Family

How Secured Recommended by Mrs. S. Cook

Occupation of Deceased Laborer

Name of Employer

Date of Death July 12th 1937 (Date) 2 P.M. (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket Embalmed and (State Color) shipped from Florida

Manufactured by

Interment at { Cemetery / Crematory

Lot No.

Grave No. 239

Section No. 22

Owner

Diagram of Lot or Vault

| Item | $ | |
|---|---|---|
| Complete Funeral | | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | 25 | — |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | 16 | — |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from Hospital | 5 | — |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Securing Burial Permit (State Number and Date) | | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 70 | — |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| | | To Funeral Charges. Total, $ | | | By Cash | $ |
|---|---|---|---|---|---|---|
| | | | Paid 9/18/37 | | | |

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 216 Yearly No. 63 Date Aug. 20 1937

Name of Deceased Mrs. India Saunders (Single – Married – Divorced) Col. (What Race) Va. (Where Born)

Residence of Deceased 156 South St. Orange (Husband – Wife – Widow) sister of Mrs. [illegible] James

Charge to Mrs. [illegible] James

Address 156 South St. [illegible]

Order given by [illegible]

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer

Date of Death [illegible] 15th 1937 (Date) (Hour)

Date of Birth See [illegible] (Date)

Age (Years) (Months) (Days)

Date of Funeral [illegible] 17th Sat. (Date) (Day of Week) a.p. (Hour) M.

Services at Residence

Clergyman Rev. [illegible] H. Thomas

His Address Orange N.J.

Religion of the Deceased A.M.E.

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death 56 South St. Orange

Cause of Death See Permit

Contributory Causes

Certifying Physician Dr. W. [illegible] (or Coroner)

His Address 8 Webster [illegible] Orange

Name of Father See Permit

His Birthplace "

Maiden Name of Mother "

Her Birthplace "

Motor / Ship } Remains to

Size and Style of Casket [illegible] (Color) Half Couch

Manufactured by Miller

Interment at Rosedale Cem. { Cemetery / Crematory }

Diagram of Lot or Vault: Interred in [illegible] [illegible] [illegible] 191

Lot No.

Grave No.

Section No.

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 235 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | 10 | 00 |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| 1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | 2 | 00 |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | 1 | 60 |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 21 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | 5 | 00 |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 274 | 60 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| To Funeral Charges. Total, $ | | By Cash $ |
|---|---|---|
| | [illegible] | |

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life & [illegible] Prudential

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 217 Yearly No. 64 Date Aug. 20 1937

Name of Deceased Mrs. Mary Ophelia Washington (Married) Col. (What Race) Bedford Va. (Where Born)

Residence of Deceased 166 Pennsylvania Ave. Husband—Wife—Widow—Divorced { Mrs. Carmen Simmons

Charge to Mrs. C. Simmons

Address 166 Penna Ave. Newark N.J.

Order given by Carmen

How Secured Recomended by McTiernan (undertaker)

Occupation of Deceased Musician

Name of Employer

Date of Death July 18th (Date) 5:15 P.M. (Hour)

Date of Birth July 21

Age 82 (Years) (Months) (Days)

Date of Funeral July 21st (Date) Wed. (Day of Week) 9 A. M. (Hour)

Services at Queen of Angels R.C. Church

Clergyman

His Address

Religion of the Deceased Roman Catholic

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death 166 Penna Ave. Newark N.J.

Cause of Death See Permit

Contributory Causes

Certifying Physician Dr. Williams (Coroner)

His Address Walnut St. Newark N.J.

Name of Father Joseph Washington

His Birthplace Maryland

Maiden Name of Mother Mary Walker Lofterly

Her Birthplace Bedford Va.

Motor / Ship } Remains to

Size and Style of Casket Silver Gray (State Shape) Half Couch

Manufactured by N. J. Casket Co.

Interment at Holy Cross { Cemetery / Crematory

Block 3, Sec. F, Tier A, # 110 — Tine card delivered to Mrs. Simmons 9/6/1937

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner.

| Item | $ | |
|---|---|---|
| Complete Funeral | 240 | — |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid (State Kind) | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | 20 | — |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (Send Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | 43 | 00 |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 303 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| To Funeral Charges. Total, $ | | By Cash | $ |
|---|---|---|---|
| | Paid July 29th J. S. C. | | |

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. PENNIMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 218 Yearly No. 63 Date Aug. 20th 1937

Name of Deceased Mr. James Bolden (Single, Married, Divorced) Col. Arlington Ga. (When Born) (Place Born)

Residence of Deceased 62 Broome St. (Rear) Husband—Wife—Widow Son of Mrs. Pearl Bolden

Charge to Mrs. Pearl Bolden

Address 62 Broome St. Newark N.J.

Order given by Family

How Secured New Family

Occupation of Deceased C.C.C. Camp

Name of Employer U.S. Govt.

Date of Death July 1937

Date of Birth Nov. 24 1919

Age 17 (Years) 6 (Months) 26 (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Rev. Jackson

His Address

Religion of the Deceased

Resided in the State (U.S. or City or County) (Years) (Months)

Place of Death C.C.C. Camp Chatsworth N.J.

Cause of Death Drowning

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father John Ed Bolden

His Birthplace Ga.

Maiden Name of Mother Pearl Jackson

Her Birthplace Ga.

Motor / Ship } Remains to

Size and Style of Casket Furnished by C.C.C. Undertaker Mr. Hartman

Manufactured by

Interment at Rosehill { Cemetery / Crematory

Diagram of Lot or Tomb

Lot No.

Grave No. 1327

Section No. 22

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | | |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | 10 | 00 |
| Limousines to Cemetery @ $ | 10 | 00 |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 50 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page as below.

To Funeral Charges Total, $

By Cash $

Paid Aug 4, 1937

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 217 Yearly No. 46 Date Aug. 20 1937

Name of Deceased Mrs. Leslie Williams

Residence of Deceased 123 Broome St. Newark — Husband—Wife—Widow Clifford Williams

Charge to: Mrs. Ada Carter

Address 220 Howard St. Newark NJ

Order given by Family

How Secured Family F. D.

Occupation of Deceased H. W.

Name of Employer

Date of Death July 29th 1937 8 P.M.

Date of Birth

Age about 37

Date of Funeral Aug 2, Monday 2 P. M.

Services at Funeral Home

Clergyman Rev. McCoy

His Address

Religion of the Deceased Baptist

Resided in the State

Place of Death 123 Broome St Newark

Cause of Death

Contributory Causes

Certifying Physician County Physician

His Address Richard Rutdisk

Name of Father

His Birthplace Ga.

Maiden Name of Mother Lurreca Love

Her Birthplace Ga.

Motor/Ship Remains to

Size and Style of Casket Steel grey octagon and cut top

Manufactured by Miller Casket Co.

Interment at Rosehill Cemetery

Lot No.

Grave No. 1328

Section No. 22

Owner

Diagram of Lot or Tomb

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 160 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ Hose, $ | 2 | 00 |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| 2 Certif. Copies of Death Certificates No. | 1 | 00 |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers | | |
| Flowers, $ Rental of Palms, $ | 4 | 00 |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 20 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 187 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| To Funeral Charges. Total, $ | By Cash $ |
|---|---|
| | Paid Aug. 14, 1937 |

Insurance, $288 Names of Lodges

Names of Insurance Companies Washington Natl Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 220 Yearly No. 67 Date Sept. 22, 1927 1927

Name of Deceased Felipe Camillo Jr. (Single — Married — Divorced) Colored (White Race)

Residence of Deceased 12a Spruce St. — son of Felipe Camillo

Charge to: Mr. Felipe Camillo

Address 126 Spruce St.

Order given by Family

How Secured recommended

Occupation of Deceased pupil

Name of Employer none

Date of Death July 31, 1927 (Hour)

Date of Birth Sept 19, 1923

Age 4 (Years) Days

Date of Funeral Aug 1927 Wed 2 P.M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Rev. R. M. Smith

His Address 101 Howard St

Religion of the Deceased A. M. E.

Resided in the State (Years) Months

Place of Death Newark City Hospital

Cause of Death Burns

Contributory Causes

Certifying Physician

His Address Newark

Name of Father Mr. Felipe Camillo

His Birthplace Newark New Jersey

Maiden Name of Mother Maggie Kornegay

Her Birthplace Va

Motor / Ship } Remains to

Size and Style of Casket 4' 2 Cut Top (State Color) White Lambskin

Manufactured by American

Interment at Rosehill { Cemetery / Crematory

Lot No.

Grave No. 254

Section No. 16 A

Owner

Diagram of Lot or Tomb

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 60 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Date) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | 3 | 00 |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 18 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ 81 | 00 |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page or below. | | |

To Funeral Charges. Total, $ — Paid J. R. C. — By Cash $

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 220 Yearly No. 67 Date Sept. 25 1931

Name of Deceased Arthur Cherry (Single–Married–Divorced)

Residence of Deceased 344 W. 42nd St N.Y. City Husband–Wife–Widow (What Name) (Whose Name) Isabell Cherry

Charge to: Mrs. Isabell Cherry

Address 30 Boston St Newark N.J.

Order given by Wife

How Secured Mrs ... (or informant)

Occupation of Deceased Barber

Name of Employer

Date of Death July 31 1931 (Date) 11 A.M. (Hour)

Date of Birth 1894

Age 43 (Years) (Months) (Days)

Date of Funeral Aug. 5th 1931 Thursday (Date) (Day of Week) 3:30 P.M. (Hour)

Services at Funeral Home

Clergyman None

His Address

Religion of the Deceased

Resided in the State (or U.S. or City or Country) (Years) (Months)

Place of Death City Hospital Welfare Island N.Y. City

Cause of Death

Contributory Causes Permit

Certifying Physician (or Coroner)

His Address

Name of Father George Cherry

His Birthplace North Carolina

Maiden Name of Mother Ida Cromartie

Her Birthplace N. Carolina

Motor / Ship Remains to

Size and Style of Casket Silver Gray (State Color) Cut Top

Manufactured by Contee

Interment at Fairmount (Cemetery / Crematory)

Soldiers Plot

Diagram of Lot or Vault

Row / Lot No. 19

Grave No. 19

Section No.

Owner

| | | | |
|---|---|---|---|
| Complete Funeral | | $ 150 | 00 |
| Casket | | | |
| Metallic Lining (State Kind) | | | |
| Outside Box (State Kind) | | | |
| Burial Vault (State Kind) | | | |
| Embalming Body with Fluid | | | |
| Barber, $ Hair Dressing, $ | | | |
| Dressing Body | | | |
| Suit or Dress, $ (State Color) Hose, $ | | | |
| Underwear, $ Slippers, $ | | | |
| Folding Chairs, $ Tarpaulin, $ | | | |
| Candelabrum, $ Candles, $ | | | |
| Door Badge, $ Gloves, $ | | | |
| Hearse, $ Ambulance, $ | | | |
| Limousines to Cemetery @ $ | | | |
| Autos to R. R. Station @ $ | | | |
| Getting Remains from | | | |
| Taking Remains to | | | |
| Delivering Box to | | | |
| Flowers to | | | |
| Removal Charges | | | |
| Procuring Burial Permit (State Name and Number) | | | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | | | |
| Pall Bearer Service | | | |
| Personal Service | | | |
| Use of Chapel | | | |
| Outlay for Lot | | | |
| Death Notices in Newspapers | | | |
| Flowers, $ (Names of Newspapers) Rental of Palms, $ | | | |
| Rental of Tent, $ of Temporary Tomb, $ | | | |
| Lowering Device, $ Cremation, $ | | | |
| Opening of Grave or Tomb, $ | | | |
| Lining Grave, $ Matting, $ | | | |
| Outlay for Shipping Charges | | | |
| Clergyman, $ Singers, $ Organist, $ | | | |
| Railroad or Motor / Tickets, $ Aero-plane Service, $ | | | |
| Telegr., Phone, Cable or Radio Charges | | | |
| Cash Advanced | | | |
| Out of town Undertaker's Charges | | | |
| Total Footing of Bill | | $ 150 | 00 |
| Less | | $ | |
| Balance | | $ | |
| Entered into Ledger, page of below. | | | |

| To Funeral Charges. | Total $ | | By Cash | $ |
|---|---|---|---|---|
| | Paid Sept 28 1931 G.C. | | | |

Insurance, $ Names of Lodges

Names of Insurance Companies Caser Co. 50 Veteran Burial allowance 100.00

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

222

# RECORD OF FUNERAL

Total No. 24 Yearly No. 48 Date Sept 4th 1937

Name of Deceased Mrs Mathilda Henry (Single — Married — Divorced) Colored (First Race) Orange N.J. (Where Born)

Residence of Deceased 142 Hickory St Orange Husband—Wife—Widow of Joseph Henry

Charge to Mr Joseph Henry

Address 142 Hickory St Orange N.J.

Order given by Husband

How Secured Served before

Occupation of Deceased House wife

Name of Employer

Date of Death August 6, 1937 (Date) 5 A.M. (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral August 9, 1937 Monday 2 P. M. (Date) (Day of Week) (Hour)

Services at Residence

Clergyman Rev G. L. Johnson

His Address Walnut St Orange N.J.

Religion of the Deceased Baptist

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death St Rose Cancer home Jackson St N.Y.C.

Cause of Death Carcinoma of Breast

Contributory Causes

Certifying Physician (or Coroner)

His Address Joseph Goode

Name of Father

His Birthplace Va

Maiden Name of Mother Laura Good

Her Birthplace Va.

Motor / Ship } Remains to

Size and Style of Casket Full couch Steel gray plush (State Color)

Manufactured by Miller

Interment at Rosedale { Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| | | |
|---|---|---|
| Complete Funeral | 372 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in (Name of Newspapers) Newspapers | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill $ | | 00 |
| Less $ | | |
| Balance $ | | |
| Entered into Ledger, page or below. | | |

To Funeral Charges. Total, $

Paid Aug 20th 1937 E.M.

By Cash $

Insurance, $ Name of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof.

Signed

Witness Signed

Compiled by F. J. FREIKMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 222 Yearly No. 49 Date Sept. 24th 1937

Name of Deceased Maxwell Singleton (Single—Married—Widowed) Colored (What Race) Ga. (Where Born)

Residence of Deceased 33 Montgomery St. Newark N.J. Husband—Wife—Widow— of

Charge to: Cile Gray (Cousin)

Address above

Order given by Family (or Informant)

How Secured Thru Family

Occupation of Deceased none

Name of Employer —

Date of Death August 11, 1937 7 A.M. (Date) (Hour)

Date of Birth

Age 7 (Years) (Months) (Days)

Date of Funeral August 16, 1937 (Day of Week) (Hour)

Services at Glenwood Georgia

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death Pneumonia

Contributory Causes Sec. Pneumonia

Certifying Physician Dr. J. C. Butler

His Address Newark N.J.

Name of Father Paul Singleton

His Birthplace Georgia

Maiden Name of Mother Anna Grant

Her Birthplace Georgia

Motor / Ship Remains to Glenwood Ga.

Size and Style of Casket White (Material) Lansdown Cut Top

Manufactured by American

Interment at Glenwood Ga. (Cemetery / Crematory)

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | 80 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 80 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| | | To Funeral Charges. Total, $ | By Cash |
|---|---|---|---|
| | | | Paid Aug 14th 1937 J. E. S. |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof.

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 223 Yearly No. 70 Date Sept. 21 1937

Name of Deceased [illegible] (Single Married Divorced) [illegible] (What Race) Florida (Where Born)

Residence of Deceased [illegible] Husband—Wife—Widow [illegible]

Charge to [illegible]

Address [illegible] Newark N.J.

Order given by [illegible] (or informant)

How Secured Family [illegible]

Occupation of Deceased [illegible]

Name of Employer [illegible]

Date of Death August 18th 1937 (Date)

Date of Birth Sept. 21st

Age 26 (Years) (Months) (Days)

Date of Funeral Sept. 21 Saturday 2 P.M. (Date) (Day of Week) (Hour)

Services at [illegible] Baptist Church

Clergyman Rev. J. A. Pullins

His Address Grant Ave. Kearny N.J.

Religion of the Deceased Baptist

Resided in the State (or City or County) (Years) (Months)

Place of Death 303 15th Ave. Newark N.J.

Cause of Death [illegible]

Contributory Causes

Certifying Physician County Physician (or Coroner)

His Address Newark City Hospital

Name of Father Otto Braddock

His Birthplace [illegible]

Maiden Name of Mother Henrietta Finch

Her Birthplace [illegible]

Motor / Ship } Remains to

Size and Style of Casket Chestnut Octagon (State Color) [illegible] half Couch

Manufactured by American

Interment at [illegible] { Cemetery / Crematory

Buried in King Family Plot [illegible]

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| | | |
|---|---|---|
| Complete Funeral | $ 310 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ 311 | 88 |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page or below. | | |

To Funeral Charges....Total, $

Note:- Fifty dollars of this bill was paid by Mrs. [illegible] King [illegible] of [illegible] C. C.

By Cash $

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life - Washington Nat'l Ins. Cos.

We hereby authorize the above funeral and agree to pay the expenses thereof.

Signed

Signed

Witness

Compiled by F. J. WEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 224 Yearly No. 71 Date Sept. 24th 1937

Name of Deceased Mr. Charles Smith (Single—Married—Divorced) Colored N. Carolina (What Race) (Where Born)

Residence of Deceased 18 South St. Orange N.J. Husband—Wife—Widow—er } Julia Smith

Charge to Mrs. Julia Smith

Address 18 South St. Orange N.J.

Order given by Wife

How Secured Family Funeral Director (or Individual)

Occupation of Deceased Laborer

Name of Employer

Date of Death August 18, 1937 4 PM (Hour)

Date of Birth about 1883

Age 54 about (Years) (Months) unknown (Days)

Date of Funeral Aug. 13th Tuesday 2 P.M. (Date) (Day of Week) (Hour)

Services at Union Baptist Church

Clergyman Rev. W. L. Johnson

His Address Wallace St. Orange N.J.

Religion of the Deceased Baptist

Resided in the State (of U. S. or City or County) (Years) (Months)

Place of Death Orange Memorial Hospital

Cause of Death See Permit

Contributory Causes

Certifying Physician Hospital Staff (or Coroner)

His Address Orange Memorial Hospital

Name of Father Columbus Smith

His Birthplace N. Carolina

Maiden Name of Mother Della Blanch

Her Birthplace N. Carolina

Motor / Ship } Remains to

Size and Style of Casket ANTICO IRON (State Color)

HALF Couch GRAHAM 2nd

Manufactured by New Jersey

Interment at Rosedale (Cemetery / Crematory)

| Diagram of Lot or Vault | |
|---|---|
| In Grave with Sister Buried 1918 (Dora) ? J.E.C. | Lot No. |
| | Grave No. |
| | Section No. |
| | Owner |

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 410 | 00 |
| Casket (State Kind) | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ..... with ..... Fluid | | |
| Barber, $ ..... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) ..... Hose, $ | | |
| Underwear, $ ..... Slippers, $ | | |
| Folding Chairs, $ ..... Tarpaulin, $ | | |
| Candelabrum, $ ..... Candles, $ | | |
| Door Badge, $ ..... Gloves, $ | | |
| Hearse, $ ..... Ambulance, $ | | |
| Limousines to Cemetery ..... @ $ | | |
| Autos to R. R. Station ..... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ..... Newspapers (Names of Newspapers) | | |
| Flowers, $ ..... Rental of Palms, $ | | |
| Rental of Tent, $ ..... of Temporary Tomb, $ | | |
| Lowering Device, $ ..... Cremation, $ | | |
| Opening of Grave or Tomb | 21 | 80 |
| Lining Grave, $ ..... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ | | |
| Railroad or Motor } Tickets, $ ..... Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 431 | 80 |
| Less | | |
| Balance | | |
| Entered into Ledger, page ..... or below. | | |

| | To Funeral Charges ..... Total, $ | By Cash |
|---|---|---|
| | Paid by Mrs. Julia Smith | |

Insurance, $ ..... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ..... Signed

Compiled by F. J. Frieburger, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 225 Yearly No. ... Date Sept 24th 1937

Name of Deceased Infant Jacha Dixon (Single — Married — Divorced) colored (White Negro) Newark N.J. (Where Born)

Residence of Deceased ... Boyd St. 2nd floor Newark N.J. — Husband—Wife—Widow — Child of Mrs. H. Dixon

Charge to (Father) Mr. James Dixon

Address ... Boyd St. Newark N.J.

Order given by Father

How Secured New Friendly Services Newark

Occupation of Deceased none

Name of Employer ...

Date of Death August 12, 37

Date of Birth See Permit

Age ... 1 (Years) (Months) (Days)

Date of Funeral Aug 14th Monday 11:30 A.M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Rev. R.D. Smith

His Address ... ward St. Newark N.J.

Religion of the Deceased A.M.E.

Resided in the State lifetime (Years) (Months)

Place of Death Newark City Hospital

Cause of Death See Permit

Contributory Causes ...

Certifying Physician Hospital Staff (or Coroner)

His Address Newark City Hospital

Name of Father James H. Dixon

His Birthplace Newark N.J.

Maiden Name of Mother Ethel Fenton

Her Birthplace Newark N.J.

Motor / Ship } Remains to ...

Size and Style of Casket 2ft White Lambskin Cut top Coffin with lid board

Manufactured by American

Interment at Rosehill Cem. { Cemetery / Crematory }

Lot No. ...

Grave No. 253

Section No. 16A

Owner ...

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 55 | 00 |
| Casket ... | | |
| Metallic Lining ... (Name Kind) | | |
| Outside Box ... (Name Kind) | | |
| Burial Vault ... (Name Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ ... | | |
| Dressing Body ... | | |
| Suit or Dress, $ ... Hose, $ (Name Color) | | |
| Underwear, $ ... Slippers, $ ... | | |
| Folding Chairs, $ ... Tarpaulin, $ ... | | |
| Candelabrum, $ ... Candles, $ ... | | |
| Door Badge, $ ... Gloves, $ ... | | |
| Hearse, $ ... Ambulance, $ ... | | |
| Limousines to Cemetery ... @ $ ... | | |
| Autos to R. R. Station ... @ $ ... | | |
| Getting Remains from ... | | |
| Taking Remains to ... | | |
| Delivering Box to ... | | |
| Flowers to ... | | |
| Removal Charges ... | | |
| Procuring Burial Permit ... (State Number and District) | | |
| Certif. Copies of Death Certificate No. ... (Name Physician's or Coroner's) | | |
| Pall Bearer Service ... | | |
| Personal Service ... | | |
| Use of Chapel ... | | |
| Outlay for Lot ... | | |
| Death Notices in ... Newspapers (Names of Newspapers) | | |
| Flowers, $ ... Rental of Palms, $ ... | | |
| Rental of Tent, $ ... of Temporary Tomb, $ ... | | |
| Lowering Device, $ ... Cremation, $ ... | | |
| Opening of Grave or Tomb ... | | |
| Lining Grave, $ ... Matting, $ ... | | |
| Outlay for Shipping Charges ... | | |
| Clergyman, $ ... Singers, $ ... Organist, $ ... | | |
| Railroad or Motor } Tickets, $ ... Aero-plane Service, $ ... | | |
| Telegr., Phone, Cable or Radio Charges ... | | |
| Cash Advanced ... | | |
| Out of town Undertaker's Charges ... | | |
| Total Footing of Bill | 55 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page 9 ... or below.

| | To Funeral Charges. Total, $ | | | By Cash $ | |
|---|---|---|---|---|---|
| | | | | | |

Insurance, $ ... Names of Lodges ...

Names of Insurance Companies ...

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed ...

Signed ...

Witness ...

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# RECORD OF FUNERAL

Total No. 226 Yearly No. 73 Date Sept. 24th 19 37

Name of Deceased Mr. Jack Ceaser Colored Black Georgia

Residence of Deceased 185 South St. Orange N.J. Son of Mrs. Motora Ceaser

Charge to Mrs. Motora Ceaser

Address 185 South St. Orange N.J.

Order given by Mother Mrs. Ceaser

How Secured thru E.R. Dixon Family

Occupation of Deceased unemployed

Name of Employer

Date of Death August 22, 1937 5:30 P.M.

Date of Birth Oct. 6, 1914

Age 22 (Years) 10 (Months) 17 (Days)

Date of Funeral Aug. 28 Tuesday 8 P.M.

Services at St. Pauls A. M. E. Church

Clergyman Rev. H. H. Thomas

His Address Cor. Highland Ave Orange

Religion of the Deceased A. M. E.

Resided in the State Sec. Permanent

Place of Death Orange Memorial Hospital

Cause of Death Auto accident

Contributory Causes

Certifying Physician Hospital Staff

His Address Orange N.J.

Name of Father Narmon Ceaser

His Birthplace Georgia

Maiden Name of Mother Vittie Dunbard

Her Birthplace Georgia

Motor / Ship } Remains to

Size and Style of Casket Sch. grey. 6x Half Couch

Manufactured by New Jersey Casket Co.

Interment at Glendale

Block 1, Row 17

Grave No. 40

Section No. 3

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 275 | 00 |
| Casket, Metallic Lining, Outside Box, Burial Vault, Embalming Body, Barber, Hair Dressing, Dressing Body, Suit or Dress, Hose, Underwear, Slippers, Folding Chairs, Tarpaulin, Candelabrum, Candles, Door Badge, Gloves, Hearse, Ambulance, Limousines to Cemetery, Autos to R. R. Station, Getting Remains from, Taking Remains to, Delivering Box to, Flowers to, Removal Charges, Procuring Burial Permit, Certif. Copies of Death Certificates No., Pall Bearer Service, Personal Service, Use of Chapel, Outlay for Lot, Death Notices in Newspapers, Flowers, Rental of Palms, Rental of Tent, of Temporary Tomb, Lowering Device, Cremation | | |
| Opening of Grave or Tomb | 60 | 00 |
| Lining Grave, Matting, Outlay for Shipping Charges, Clergyman, Singers, Organist, Railroad or Motor Tickets, Aeroplane Service, Telegr., Phone, Cable or Radio Charges, Cash Advanced, Out of town Undertaker's Charges | | |
| Total Footing of Bill | 845 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

To Funeral Charges.... Total, $

Paid Nov. 29, 1938

By Cash $

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expense thereof

Signed

Witness Signed

Compiled by F. J. FRENCHMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 227 Yearly No. 74 Date Sept. 24th 1937

Name of Deceased Mrs. Ethel Franklin (Married) Color Colored (What Race) Augusta, Ga. (Place Born)

Residence of Deceased 72 Kinney St. Newark N.J. or of John Franklin

Charge to Mr. Harris (Negro ?)

Address 72 Kinney St. Newark N.J.

Order given by (Husband) see Above (or Informant)

How Secured Recommended by Mrs. Owens

Occupation of Deceased Housewife

Name of Employer

Date of Death August 25. 1937 3:30 P.M. (Day) (Hour)

Date of Birth Sept. 1 ?

Age about 33 (Years) (Months) (Days)

Date of Funeral Aug. 30. 1937 (Day) (Day of Week) (Hour) M.

Services at Augusta Georgia

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death State Hospital Greystone Park N.J.

Cause of Death Lea Deficient

Contributory Causes

Certifying Physician Hospital Staff (or Coroner)

His Address Greystone Park N.J.

Name of Father William Johnson

His Birthplace Ga.

Maiden Name of Mother Jennie ?

Her Birthplace Ga.

Ship Remains to Augusta Georgia

Size and Style of Casket Silver grey plush (Designation) Flanged top Octagon End

Manufactured by New Jersey Casket Co.

Interment at { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 165 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| 1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | 1 | 00 |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aero-plane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Trip to Greystone Park for the Papers | 3 | 00 |
| Physician's Statement for Ins. | 1 | 00 |
| Total Footing of Bill | 170 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

To Funeral Charges.... Total, $

Paid ... Franklin [handwritten, partly illegible]

By Cash $

Names of Lodges

Insurance, $ Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof.

Signed

Signed

Witness

Lithographed by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 23 Yearly No. 35 Date Sept. 24 193

Name of Deceased Mr. Oscar Bettmore (Single – Married – Divorced) Col. (What Race) Virginia (Where Born)

Residence of Deceased 65 Rutgers St. Newark N.J. Husband—Wife—Widow—Son of Samuel Bettmore

Charge to Father

Address 65 Rutgers St. Newark N.J.

Order given by Father

How Secured New Family

Occupation of Deceased Worked Hospital

Name of Employer

Date of Death August 25th 193 5:30 PM (Date) (Hour)

Date of Birth Dec. 26th

Age 29 (Years) (Months) (Days)

Date of Funeral Aug. 28th Saturday 2 P. M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (In U. S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death See Permit

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Samuel Bettmore

His Birthplace Va.

Maiden Name of Mother Bettie Mudd

Her Birthplace Va.

Motor / Ship } Remains to

Size and Style of Casket Steel-gen. doc. (Style Color) Cut top

Manufactured by Miller

Interment at Rosehill { Cemetery / Crematory

Lot No.

Grave No. 29

Section No. 24

Owner

Diagram of Lot or Vault

| Item | $ | |
|---|---|---|
| Complete Funeral | 75 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Date) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill $ | 100 | 00 |
| Less $ | | |
| Balance $ | | |

Entered into Ledger, page 9 or below.

| | | To Funeral Charges Total, $ | | | By Cash $ | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FRENEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 229 Yearly No. 176 Date Sept. 24 1937

Name of Deceased Miss Lillie Virginia Lewis (Single — Married — Divorced) Col. (What Race) E. Orange N.J. (Where Born)

Residence of Deceased Springdale Ave E.O. Husband — Wife — Widow — Daughter of Charles W. Lewis

Charge to Mr. Charles W. Lewis (father)

Address Springdale Ave E.O. N.J.

Order given by Family

How Secured Family Funeral Director

Occupation of Deceased

Name of Employer

Date of Death August 22 1937

Date of Birth Oct 13th 1910

Age 26 (Years) 10 (Months) 9 (Days)

Date of Funeral Sept. Wednesday (Day of Week) 2 P (Hour) M.

Services at Church of Epiphany

Clergyman Rev. George M. Plaskett

His Address Washington Place, E. Orange N.J.

Religion of the Deceased Episcopalian

Resided in the State Lifetime (Town, City or Country) (Years) (Months)

Place of Death Springdale Ave E.O.

Cause of Death See Permit

Contributory Causes

Certifying Physician Dr. Webern (or Coroner)

His Address Prospect Ave Newark N.J.

Name of Father Charles W. Lewis

His Birthplace Va

Maiden Name of Mother Mamie Jackson

Her Birthplace Va.

Motor / Ship } Remains to

Size and Style of Casket Old Rose embossed plush (State Color) square end half couch

Manufactured by New Jersey Casket Co.

Internment at Rosedale { Cemetery / Crematory }

Family Plot (Diagram of Lot or Vault)

Lot No.

Grave No.

Section No.

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 260 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | 35 | 00 |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | 20 | 00 |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | 20 | 00 |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 18 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 353 | 00 |
| Less | 3 | 00 |
| Balance | 350 | 00 |

Entered into Ledger, page or below.

| To Funeral Charges. | Total, $ | | By Cash | $ |
|---|---|---|---|---|
| | | Paid Sept 27th 1937 | | |

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

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# RECORD OF FUNERAL

Total No. 230 Yearly No. 77 Date Sept. 24th 1937

Name of Deceased Miss Arlene Allston (Single—Married—Divorced) Col. (What Race) So. Carolina (Where Born)

Residence of Deceased 35 Hillside Place Newark N.J. (Husband—Wife—Widow) Daughter | Richard Allston

Charge to: Father Mr. Allston

Address 35 Hillside Place Newark N.J.

Order given by Family

How Secured Family Funeral Director

Occupation of Deceased Pupil

Name of Employer

Date of Death August 20, 1936 (Date) 18 (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral Sept. 24 (Date) Thursday (Day of Week) 8 (Hour) M.

Services at Carroll Memorial A.M.E. Church

Clergyman Rev R.M. Smith

His Address 11 Howard St. Newark

Religion of the Deceased A.M.E.

Resided in the State (in U.S. or City or County) (Years) (Months)

Place of Death Essex Mt. San.

Cause of Death Pulmonary T.B.

Contributory Causes See Permit

Certifying Physician (or Coroner)

His Address

Name of Father Richard Allston

His Birthplace S. Carolina

Maiden Name of Mother See Permit

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket White embossed plush hinged top, 1 Hago and (Trade Name)

Manufactured by New Jersey Casket Co

Interment at Georgetown S.C. { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| | | |
|---|---|---|
| Complete Funeral | $ | 175 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Space Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ | 175 00 |
| Less | $ | |
| Balance | $ | |

Entered into Ledger, page or below.

To Funeral Charges. Total, $

Paid 9/10/37 by E.C.

By Cash $

Insurance, $ Name of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 231 Yearly No. 38 Date Sept. 24 1937.

Name of Deceased Mrs. Dorothy Jones Col. (What Race) Orange N.J. (Where Born)

Residence of Deceased ... St. Orange Husband—Wife—Widow of Joseph Jones

Charge to Mr. Hays Willis st. (Father).

Address 180 Hickory st. Orange

Order given by Father

How Secured Family, General Director

Occupation of Deceased Housewife

Name of Employer

Date of Death August 29th 10:05 P.M.

Date of Birth August 26th 1913

Age 24 (Years) (Months) (Days)

Date of Funeral Sept 1 Tuesday 2:30 P.M.

Services at Union Baptist Church

Clergyman Rev. Harris

His Address Carson - St. Orange N.J.

Religion of the Deceased Baptist

Resided in the State Lifetime

Place of Death Essex Mt. Sanat.

Cause of Death Pulmonary T.B.

Contributory Causes See Permit

Certifying Physician

His Address

Name of Father Hays Williams

His Birthplace Florida

Maiden Name of Mother Audrey Lynch

Her Birthplace N. Carolina

Motor / Ship Remains to

Size and Style of Casket Old Rose embossed plush Octagon and Half Couch

Manufactured by New Jersey Casket Co.

Interment at Rosedale (Cemetery / Crematory)

Lot No.

Grave No. 5

Section No. 24

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 225 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Cloth) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 250 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

| | To Funeral Charges. Total, $ | | By Cash $ |
|---|---|---|---|
| | | Paid 10/21/37 [illegible] | |

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 232 Yearly No. 79 Date Oct 20 1937

Name of Deceased William Henry Wells (Single—Married—Divorced) Col (What Race) Va (Where Born)

Residence of Deceased 427 Blane St. Newark | Pearl Patterson

Charge to Wife + Mother

Address 427 Blane St. 1st floor

Order given by Wife and Mother (or relationship)

How Secured New Family

Occupation of Deceased Laborer

Name of Employer

Date of Death Sept. 1st 1937

Date of Birth March 2, 1900

Age (Years) (Months) (Days)

Date of Funeral 9/6/37 Monday (Day of Week) 2P (Hour) M

Services at Funeral Home

Clergyman Elder Dillon

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death See Permit

Contributory Causes

Certifying Physician Hospital Staff

His Address Newark City Hospital

Name of Father Melvin Wells Sr.

His Birthplace Va

Maiden Name of Mother Eliza Carrington

Her Birthplace Va

Motor / Ship } Remains to

Size and Style of Casket Hengl Top square and Silver Mg

Manufactured by N. J. Casket Co.

Interment at Fairmount { Cemetery / Crematory

Soldier's Plot (Diagram of Lot or Vault)

Lot No.

Grave No. 2.13

Row / Section No. 19

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 210 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | 2 | 00 |
| Lowering Device, $ Cremation, $ | 18 | 00 |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 230 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below. | | |

| To Funeral Charges. Total, $ | By Cash $ |
|---|---|
| Paid | |

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins. Co. + Govt. Burial allowance

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

Compiled by F. J. Heinemann, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 203 ........ Yearly No. 80 ........ Date Oct. 20, 1937 ....19....

Name of Deceased Mr. John Williams (Single—Married—Divorced) ........ Col. (What Race) ........ S. C. (Where Born)

Residence of Deceased 540 Market St. Newark N.J. Husband—Wife—Widow of } Malinda Artes

Charge to Wife Mrs. Malinda Williams

Address 540 Market St. Newark N.J.

Order given by Wife & daughters

How Secured Rec by Sarah Glenn

Occupation of Deceased unemployed

Name of Employer ........

Date of Death Sept. 21 1937

Date of Birth unknown

Age about 60 (Years) (Months) (Days)

Date of Funeral 9/20/37 (Date) Monday (Day of Week) 8P (Hour) M.

Services at Funeral Home

Clergyman ........

His Address ........

Religion of the Deceased Baptist

Resided in the State ........ (in U. S. or City or County) (Years) (Months)

Place of Death 540 Market St. Newark N.J.

Cause of Death See Permit

Contributory Causes ........

Certifying Physician Dr. Bosalinder A. M.D. (or Coroner)

His Address 92 8th Ave Newark N.J.

Name of Father unknown

His Birthplace unknown

Maiden Name of Mother unknown

Her Birthplace unknown

Motor / Ship } Remains to ........

Size and Style of Casket Hinged top octagon (State Color) and steel grey

Manufactured by N.J. Casket Co.

Interment at Mill (?) Pa. (Cemetery / Crematory)

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

Diagram of Lot or Vault

| | | |
|---|---|---|
| Complete Funeral | $ 200 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body .... with .... Fluid | | |
| Shaving, $ .... Dressing, $ .... | | |
| Dressing Body | | |
| Suit or Dress, $ .... (State Color) Hose, $ | | |
| Underwear, $ .... Slippers, $ | | |
| Folding Chairs, $ .... Tarpaulin, $ | | |
| Candelabrum, $ .... Candles, $ | | |
| Door Badge, $ .... Gloves, $ | | |
| Hearse, $ .... Ambulance, $ | | |
| Limousines to Cemetery .... @ $ | | |
| Autos to R. R. Station .... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (Give Number and District) | | |
| .... Certf. Copies of Death Certificates No. .... (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in .... Newspapers (Names of Newspapers) | | |
| Flowers, $ .... Rental of Palms, $ | | |
| Rental of Tent, $ .... of Temporary Tomb, $ | | |
| Lowering Device, $ .... Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ .... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ .... Singers, $ .... Organist, $ | | |
| Railroad or Motor } Tickets, $ .... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | 1 | 13 |
| Cash Advanced | | |
| Out of town Undertaker's Charges | 5 | 00 |
| Total Footing of Bill | $ 206 | 13 |
| Less | $ 1 | 13 |
| Balance | $ 205 | 00 |

Entered into Ledger, page ...... or below.

| To Funeral Charges ... Total, $ | | By Cash | $ |
|---|---|---|---|
| Paid 9/15/37 | | | |

Insurance, $ ........ Names of Lodges ........

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed ........

Witness ........ Signed ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 234 Yearly No. 81 Date Oct 20 1937

Name of Deceased Mrs. Viola Sloan (Single – Married Divorced) Col. (Where Born) N. Carolina (Where Born)

Residence of Deceased 17 Springfield Ave. Newark — Husband – Wife – Widow or of — Sterling Sloan

Charge to: Mr. Amye McDaniels

Address 17 Springfield Ave Newark N.J.

Order given by Brother Mr. Amye McDaniels

How Secured New Family

Occupation of Deceased

Name of Employer

Date of Death Sept. 3, 1937 (Date) 9 A.M. (Hour)

Date of Birth

Age 28 (Years) (Months) (Days)

Date of Funeral 9/7/37 (Date) Tuesday (Day of Week) 1P (Hour) M.

Services at Funeral Home

Clergyman Rev. Thompkins

His Address West St. Newark N.J.

Religion of the Deceased Baptist

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death See Permit

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Green McDaniels

His Birthplace N.C.

Maiden Name of Mother Mae Montgomery

Her Birthplace N.C.

Motor / Ship } Remains to

Size and Style of Casket Octagon End (State Color) hinged top silver grey cloth

Manufactured by N.J. Casket Co

Interment at Rosehill (Cemetery / Crematory)

Diagram of Lot or Vault

Lot No.

Grave No. 85

Section No. 24

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket |  |  |
| Metallic Lining |  |  |
| Outside Box (State Kind) |  |  |
| Burial Vault (State Kind) |  |  |
| Embalming Body with (State Kind) Fluid |  |  |
| Barber, $ Hair Dressing, $ |  |  |
| Dressing Body |  |  |
| Suit or Dress, $ (State Color) Hose, $ |  |  |
| Underwear, $ Slippers, $ |  |  |
| Folding Chairs, $ Tarpaulin, $ |  |  |
| Candelabrum, $ Candles, $ |  |  |
| Door Badge, $ Gloves, $ |  |  |
| Hearse, $ Ambulance, $ |  |  |
| Limousines to Cemetery 1 @ $ Extra | 10 | 00 |
| Autos to R. R. Station @ $ |  |  |
| Getting Remains from |  |  |
| Taking Remains to |  |  |
| Delivering Box to |  |  |
| Flowers to |  |  |
| Removal Charges |  |  |
| Procuring Burial Permit (State Number and District) |  |  |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) |  |  |
| Pall Bearer Service |  |  |
| Personal Service |  |  |
| Use of Chapel |  |  |
| Outlay for Lot |  |  |
| Death Notices in 1 Newspapers (Names of Newspapers) |  |  |
| Flowers, $ Rental of Palms, $ |  |  |
| Rental of Tent, $ of Temporary Tomb, $ |  |  |
| Lowering Device, $ Cremation, $ |  |  |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ |  |  |
| Outlay for Shipping Charges |  |  |
| Clergyman, $ Singers, $ Organist, $ |  |  |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ |  |  |
| Telegr., Phone, Cable or Radio Charges |  |  |
| Cash Advanced |  |  |
| Out of town Undertaker's Charges |  |  |
| Total Footing of Bill | 185 | 00 |
| Less |  |  |
| Balance |  |  |

Entered into Ledger, page ...... or below.

| To Funeral Charges.... Total, $ | By Cash $ |
|---|---|
| Paid 9/18/37 J.S.C. |  |

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FETERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 236 Yearly No. 82 Date Oct. 20 1937

Name of Deceased Mrs. Louise Saunders (Single Married Divorced) Col. (What Race) Va. (Where Born)

Residence of Deceased Avon Place Newark Husband—Wife—Widow Com. Saunders

Charge to Daughter Mrs. Doris V. Leonard

Address 2300 Bronx Park East N. Y. City

Order given by Daughter

How Secured

Occupation of Deceased Housewife

Name of Employer

Date of Death Sept. 12th 1937 (Date) 9:10 A.M. (Hour)

Date of Birth July 1874

Age 63 (Years) (Months) (Days)

Date of Funeral 9 (Date) Monday (Day of Week) P.M. (Hour)

Services at Freeman Home

Clergyman Rev. Fields

His Address

Religion of the Deceased Baptist

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Hospital

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Jordan

His Birthplace

Maiden Name of Mother

Her Birthplace Va.

Motor / Ship } Remains to

Size and Style of Casket steel gray (Style Color)

Manufactured by B. J. Casket Co.

Interment at Clermont Va. (Cemetery / Crematory)

Diagram of Lot or Tomb

Lot No.

Grave No.

Section No.

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | 165 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, Hair Dressing | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| 3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | 1 | 50 |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers | | |
| (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 166 | 50 |
| Less | | |
| Balance | | |

Entered into Ledger, page ...... or below.

| | To Funeral Charges ... Total, $ | | By Cash | $ |
|---|---|---|---|---|
| | Paid 9/30/37 | | | |

Insurance, $ ............ Names of Lodges

Names of Insurance Companies Mutual Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ............ Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2,33    Yearly No. 83    Date Oct. 20 1937

Name of Deceased Samuel Sykes (Single—Married—Divorced) Col (Where Born) Ga

Residence of Deceased 97 Montgomery St. top left   Husband—Wife—Widow — Son — of Mrs. Annie Sykes

Charge to: Mother Mrs. Annie Sykes

Address 93 Montgomery St. Newark N.J.

Order given by Mother

How Secured Family F.D. (or informant)

Occupation of Deceased None

Name of Employer

Date of Death Sept. 25, 1937 (Date) (Hour)

Date of Birth

Age 24 (Years) (Months) (Days)

Date of Funeral 9/28/37 Tuesday 1 P.M. (Date) (Day of Week) (Hour)

Services at Zion Hill Baptist Church

Clergyman Rev. J. A. Bellems

His Address Grant Ave. Kearny N.J.

Religion of the Deceased Baptist

Resided in the State (in U.S. or City or County) (Years) (Months)

Place of Death Roosevelt Hospital Metuchen N.J.

Cause of Death See Certificate

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father James Sykes

His Birthplace Ga

Maiden Name of Mother Annie Carter

Her Birthplace Ga

Motor / Ship } Remains to

Size and Style of Casket Silver gray Octagon and cut top (Size-Color)

Manufactured by N. J. Casket Co.

Interment at Rosehill (Cemetery / Crematory)

Diagram of Lot or Vault

Lot No.

Grave No. 59

Section No. 24

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | 130 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | 7 | 00 |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill $ | 182 | 00 |
| Less $ | | |
| Balance $ | | |
| Entered into Ledger, page or below. | | |

To Funeral Charges... Total, $    By Cash $

Paid 12/4/37 J.E.C.

Insurance, $    Names of Lodges

Names of Insurance Companies Met Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness    Signed

Compiled by F. E. Pinkerman, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 238 Yearly No. 84 Date Oct. 20 1937

Name of Deceased Miss Mary Gale (Single – Married – Divorced) Col (What Race) Va (Where Born)

Residence of Deceased 69 Howard St. Newark N.J. (Husband, Wife, Widow, or Sister of) Mrs. Ada Kirkland

Charge to Mrs. Ada Kirkland

Address 192 ... St. Orange N.J.

Order given by Sister

How Secured (by reference) Recommended by Dr. A.V. Morris

Occupation of Deceased Domestic

Name of Employer

Date of Death Sept. 26 1937 (Date) 5 A.M. (Hour)

Date of Birth Feb. 22

Age 24 (Years) (Months) (Days)

Date of Funeral 9/30/37 (Date) Wed (Day of Week) 2 P.M. (Hour)

Services at Westmoreland, Va.

Clergyman

His Address

Religion of the Deceased

Resided in the State (in U.S. or City or County) Years Months

Place of Death Newark Eye & Ear Infirmary

Cause of Death Intradural space abscess

Contributory Causes Otitis ... Sept. ... of frontal bone

Certifying Physician

His Address Newark Eye & Ear Infirmary

Name of Father Walter Gale

His Birthplace Va

Maiden Name of Mother Ella Hall

Her Birthplace Va

Motor / Ship } Remains to

Size and Style of Casket Silver gray (Style Open) Octagon head cut top

Manufactured by N. J. Casket

Interment at Westmoreland, Va. { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 125 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| 2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | 1 | 00 |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Name of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 126 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

To Funeral Charges Total $

Mrs. Ada Kirkland Paid $100.00 3/9/37
Dr. A.V. Morris Paid Bal. $26.00 10/25/37

By Cash $

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 299 Yearly No. 85 Date Oct. 3 1937

Name of Deceased Mr. James Gordon (Single – Married – Divorced) [illegible] (When Born) Florence (Where Born)

Residence of Deceased 29 Avon Place, Newark, N.J. (Husband – Wife – Widow) [illegible] 1 Florence [illegible]

Charge to: Mrs. Thomas Gordon

Address 29 Avon Place, Newark, N.J.

Order given by Mr. Thomas Gordon

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer [illegible]

Date of Death Sept. 27, 1937 [illegible] (Date) (Hour)

Date of Birth [illegible]

Age About 61 (Years) (Months) (Days)

Date of Funeral Oct. 2nd Saturday 2 P. M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Rev. R. M. Smith

His Address 211 Howard St. Newark N.J.

Religion of the Deceased ?

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death See Permit

Contributory Causes

Certifying Physician Hospital Staff (or Coroner)

His Address See Permit

Name of Father [illegible]

His Birthplace "

Maiden Name of Mother "

Her Birthplace "

Motor / Ship } Remains to

Size and Style of Casket Steel [illegible] cut top square

Manufactured by N.J.

Interment at Rosehill { Cemetery / Crematory

Lot No.

Grave No. 217

Section No. 22

Owner

Diagram of Lot or Yard

| | | |
|---|---|---|
| Complete Funeral | 180 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box Pine (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Shaving, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ ... (State Color) Hose, $ | | |
| Underwear, $ ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | 4 | 10 |
| Candelabrum, $ ... Candles, $ | | |
| Door Badge, $ ... Gloves, $ | | |
| Hearse, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| ... Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ... Newspapers (Names of Newspapers) | | |
| Flowers, $ ... Rental of Palms, $ | 5 | 00 |
| Rental of Tent, $ ... of Temporary Tomb, $ | | |
| Lowering Device, $ ... Cremation, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ ... Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | 2 | 00 |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ 164 | 20 |
| Less | $ 4 | 20 |
| Balance | $ 160 | 00 |

Entered into Ledger, page ... or below.

| To Funeral Charges. Total, $ | By Cash $ |
|---|---|
| Paid 10/8/37 | |

Insurance, $ ... Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ... Signed

Compiled by F. J. FENNEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 240 ........ Yearly No. 36 ........ Date [illegible] ........ 1957

Name of Deceased Mrs. Georgia Freeman (Single—Married—Divorced) ........ Colored (What Race) N. Carolina (Where Born)

Residence of Deceased 150 [illegible] St. Newark (Husband—Wife—Widow) of [illegible]

Charge to [illegible]

Address 150 [illegible]

Order given by [illegible] (or phoned)

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer [illegible]

Date of Death [illegible] 27th, 1957 P.M. (Date) (Hour)

Date of Birth [illegible] March 1914

Age 27 (Years) 3 (Months) 1 (Days)

Date of Funeral [illegible] (Date) (Day of Week) 7:30 P. (Hour) M.

Services at Freeman Home

Clergyman Rev. [illegible]

His Address ........

Religion of the Deceased ........

Resided in the State ........ in U.S. or City or County ........ (Years) (Months)

Place of Death [illegible] Hospital

Cause of Death [illegible]

Contributory Causes [illegible]

Certifying Physician [illegible]

His Address [illegible] Hospital

Name of Father [illegible]

His Birthplace N. Carolina

Maiden Name of Mother Carrie ?

Her Birthplace N. Carolina

Motor / Ship Remains to [illegible] N. Carolina

Size and Style of Casket [illegible] (State Color)

Manufactured by [illegible]

Interment at [illegible] N.C. Cemetery / Crematory

Diagram of Lot or Vault

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

| | | |
|---|---|---|
| Complete Funeral | 186 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) [illegible] | | |
| Burial Vault (State Kind) | | |
| Embalming Body (State Kind) with ........ Fluid | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) ........ Hose, $ | | |
| Underwear, $ ........ Slippers, $ | | |
| Folding Chairs, $ ........ Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Badge, $ ........ Gloves, $ | | |
| Hearse, $ ........ Ambulance, $ | | |
| Limousines to Cemetery ........ @ $ | | |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| ....Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in ........ Newspapers (Names of Newspapers) | | |
| Flowers, $ ........ Rental of Palms, $ | | |
| Rental of Tent, $ ........ of Temporary Tomb, $ | | |
| Lowering Device, $ ........ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ........ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Motor Tickets, $ ........ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 186 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ........ or below.

| To Funeral Charges.... Total $ | By Cash $ |
|---|---|
| [illegible] 9/19/57 | |

Insurance, $ ........ Names of Lodges ........

Names of Insurance Companies ........

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed ........

Witness ........ Signed ........

# RECORD OF FUNERAL

Total No. 241 Yearly No. 87 Date Dec. 3 1937

Name of Deceased Mrs. Millie Harding (Single — Married — Divorced) [illegible] (What Race) [illegible] (Where Born)

Husband—Wife—Widow of

Residence of Deceased 62 Monmouth St.

Charge to: Mr. Allie Harding (son)

Address 62 Monmouth St. Newark N.J.

Order given by Mrs. Cora Crabtree (Relationship)

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer

Date of Death [illegible] Feb. 1937 (Date) (Hour)

Date of Birth [illegible] 1866

Age [illegible] 71 (Years) (Months) (Days)

Date of Funeral [illegible] 30th (Date) (Day of Week) (Hour) M.

Services at Rozelle Virginia

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death 62 Monmouth St. Newark

Cause of Death Myocardial degeneration

Contributory Causes [illegible]

Certifying Physician [illegible] (or Coroner)

His Address [illegible] Newark N.J.

Name of Father [illegible] Harding

His Birthplace Va.

Maiden Name of Mother Sophie Bailey

Her Birthplace Va.

Motor / Ship } Remains to

Size and Style of Casket Steel grey (State Color) Octagon and [illegible]

Manufactured by N. J. Casket Co.

Interment at Rozelle Va. { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | 7 | 00 |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Extra Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 157 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| To Funeral Charges.... Total, $ | By Cash |
|---|---|
| Paid by Mr. Allie Harding Oct. 27, 1937 | |

Inscription, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof.

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 240 Yearly No. 36 Date [illegible] 1957

Name of Deceased Mrs. Georgia [illegible] (Single—Married—Divorced) Colored N. Carolina (What Race)

Residence of Deceased 150 [illegible] St. Newark (Husband—Wife—Widow) of [illegible]

Charge to [illegible]

Address 150 [illegible]

Order given by [illegible] (or Informant)

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer [illegible]

Date of Death [illegible] 1957 (Date) (Hour)

Date of Birth [illegible] 1914

Age 37 (Years) 3 (Months) 1 (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour)

Services at [illegible] Home

Clergyman Rev. [illegible]

His Address

Religion of the Deceased

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death [illegible] Hospital

Cause of Death [illegible]

Contributory Causes [illegible]

Certifying Physician [illegible] (or Coroner)

His Address St. Hospital

Name of Father George [illegible]

His Birthplace N. Carolina

Maiden Name of Mother [illegible]

Her Birthplace N. Carolina

Shipped Remains to [illegible] N. Carolina

Size and Style of Casket [illegible] (State Color) [illegible]

Manufactured by [illegible]

Interment at [illegible] N.C. Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 186 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) [illegible] | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 186 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below. | | |

| To Funeral Charges Total $ | By Cash $ |
|---|---|
| Paid 9/29/57 | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 241 Yearly No. 87 Date Dec. 13 1937

Name of Deceased Mrs. Mattie Harding (Single — Married — Divorced) Colored (What Race) Ven.

Residence of Deceased 62 Monmouth St.

Charge to Mrs. Allie Harding (son)

Address 62 Monmouth St. Newark

Order given by Mrs. Cora Craddock (or Informant)

How Secured Recommended

Occupation of Deceased [illegible]

Name of Employer

Date of Death Dec. 12th 1937

Date of Birth [illegible] 1866

Age About 71 (Years) (Months) (Days)

Date of Funeral Dec. 30th (Date) (Day of Week) (Hour) M.

Services at Keysville Virginia

Clergyman

His Address

Religion of the Deceased

Resided in the State (as U. S. or City or County) (Years) (Months)

Place of Death 62 Monmouth St. Newark

Cause of Death Myocardial Degeneration

Contributory Causes [illegible]

Certifying Physician [illegible] M.D.

His Address [illegible] Newark N.J.

Name of Father [illegible] Harding

His Birthplace Va.

Maiden Name of Mother Sophia Bailey

Her Birthplace Va.

Shipped Remains to

Size and Style of Casket Steel grey Octagonal end [illegible]

Manufactured by N. J. Casket Co.

Interment at Keysville Va. (Cemetery / Crematory)

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Cost) Hose, $ | 7 | 00 |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 157 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

To Funeral Charges. Total, $ — Mrs. Allie Harding, Sept. 2, 1937 [illegible]

By Cash

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof.

Signed

Witness Signed

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 242 Yearly No. 88 Date Dec. 3 1937

Name of Deceased Mr. [illegible] (Single — Married — Divorced) [illegible] (What Race) [illegible] (Where Born)

Residence of Deceased [illegible] (Husband—Wife—Widow of)

Charge to [illegible]

Address [illegible]

Order given by

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer

Date of Death [illegible] 6 (Date) [illegible] M

Date of Birth [illegible], 190[illegible]

Age [illegible] (Years) [illegible] (Months) 11 (Days)

Date of Funeral Dec. 23 (Date) Tuesday (Day of Week) [illegible] (Hour) M.

Services at Funeral Home

Clergyman Rev. [illegible] Pullins

His Address [illegible] Ave. [illegible]

Religion of the Deceased [illegible]

Resided in the State (in U.S. or City or County) (Years) (Months)

Place of Death Essex Mt. San.

Cause of Death [illegible] T.B.

Contributory Causes

Certifying Physician Hospital Staff (or Coroner)

His Address Essex Mt. San.

Name of Father [illegible] William [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship Remains to

Size and Style of Casket [illegible] (State Color) [illegible]

Manufactured by [illegible] Co.

Interment at Rosedale [illegible] Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No. [illegible]

Section No. 29

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 75 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Turpentine, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 20 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 100 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page 9 or below.

| To Funeral Charges. Total, $ | By Cash $ |
|---|---|
| | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 243 Yearly No. 87 Date Dec. 2 . 3 1937

Name of Deceased [illegible] (Single, Married, Divorced) (What Race) (Where Born)

Residence of Deceased 136 Lakeside Ave. Husband—Wife—Widow—er

Charge to [illegible]

Address

Order given by [illegible] (Relationship)

How Secured

Occupation of Deceased [illegible]

Name of Employer

Date of Death Nov. 28, 1937 (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. if City or County) (Years) (Months)

Place of Death [illegible] Community Hospital

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother Lillie Gibson

Her Birthplace

Method / Ship / Remains to

Size and Style of Casket Solid oak [illegible] (State Color) [illegible]

Manufactured by Miller Casket Co.

Interment at Rosehill (Cemetery or Crematory)

Lot No.

Grave No.

Section No.

Owner.

Diagram of Lot or Vault

| | | |
|---|---|---|
| Complete Funeral | $ 537 | 50 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body (State Kind) | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ 537 | 50 |
| Less | | |
| Balance | $ | |
| Entered into Ledger, page or below. | | |

| To Funeral Charges. Total, $ | | By Cash | |
|---|---|---|---|
| | | | |

Insurance, $ Name of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FENSMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 244 Yearly No. 40 Date Jan. 4 1938

Name of Deceased Infant Elizabeth Bradley

Residence of Deceased 22 Rose Street

Charge to Mr. Perley Bradley

Address 22 Rose Street

Order given by Father

How Secured Mem Family

Occupation of Deceased

Name of Employer

Date of Death Oct. 2, 1937

Date of Birth Apr. 17, 1937

Age 5 1/2 (Months)

Date of Funeral

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State

Place of Death Colt Mem. Hosp.

Cause of Death Broncho-Pneumonia

Contributory Causes

Certifying Physician A. Tucker (or Coroner)

His Address Colt Mem. Hosp.

Name of Father Perley Bradley

His Birthplace S.C.

Maiden Name of Mother Charlotte Hicks

Her Birthplace Ga.

Motor / Ship } Remains to

Size and Style of Casket

Manufactured by

Interment at EVERGREEN Cemetery

Lot No. 3 C.P. 40

Grave No. 28

Row No. 14

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 37 | 50 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body [illegible] child | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Let. | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | | |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| To Funeral Charges Total, $ | | By Cash $ | |
|---|---|---|---|

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

# RECORD OF FUNERAL

Total No. 245 Yearly No. 41 Date Jan. 9, 1938

Name of Deceased Mrs. Annie Lucas (Single Married Divorced) at Washington, D.C. (What Road) (Where Born)

Residence of Deceased 1927 Wylie St. Husband—Wife—Widow of Willie Lewis

Charge to Mr. Goldie Lucas

Address 201 W. 144th St. Apt 22 N.Y.

Order given by Son (or Informant)

How Secured

Occupation of Deceased H. W.

Name of Employer

Date of Death Oct. 3, 1937 (Date) (Hour)

Date of Birth

Age about 55 (Years) (Months) (Days)

Date of Funeral Oct. 6, 1937. 2 p. M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased M.

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Orange Mem. Hosp.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Unknown

His Birthplace "

Maiden Name of Mother Mary Lewis

Her Birthplace Va.

Motor / Ship } Remains to

Size and Style of Casket Steel Grey (State Color)

Cut. Top Square

Manufactured by

Interment at Rosehill Cemetery (Cemetery / Crematory)

Lot No.

Grave No. 124

Section No. 24

Owner.

Diagram of Lot or Vault

| Item | Amount | |
|---|---|---|
| Complete Funeral | $ 130 | — |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | 7 | 00 |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ 167 | — |
| Less | $ | |
| Balance | $ | |

Entered into Ledger, page or below.

To Funeral Charges. Total, $

Paid 10/14/37

By Cash $

Insurance, $ Amount of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

# RECORD OF FUNERAL

Total No. 246 Yearly No. 12 Date Jan. 9, 1938

Name of Deceased Louisey Morris (Single—Married—Divorced) Colored (Which Race) M. F. (Where Born)

Husband—Wife—Widow of

Residence of Deceased 69 Stewart St.

Charge to G. W. Morris

Address

Order given by Father (or relationship)

How Secured

Occupation of Deceased

Name of Employer

Date of Death Oct 4, 1937 (Hour)

Date of Birth Feb. 21, 1935

Age (Years) (Months) (Days)

Date of Funeral Oct 7, 1937 (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Newark Mem. Hosp.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father G. W. Morris

His Birthplace N. J.

Maiden Name of Mother Mary Tate

Her Birthplace Va.

Motor / Ship } Remains to

Size and Style of Casket White Plush

3' 6" Hinged Top - Full Length (State Color)

Manufactured by

Interment at Mt. Prospect Cemetery, Asbury Park, N.J. { Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | 65 | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ Hose, $ (State Color) | Male | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Degree) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 65 | |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below. | | |

| To Funeral Charges. Total, $ | | By Cash $ | |
|---|---|---|---|
| | Paid | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

# RECORD OF FUNERAL

Total No. 247 Yearly No. 43 Date Oct. 7, 1937

Name of Deceased Infant Jas. Kelly (Single, Married or Divorced) S Male (Wife Race)

Residence of Deceased 153 Craton St. (Husband—Wife—Widow)

Charge to Mr. Jas. Kelly

Address 153 Craton St.

Order given by Father (or informant)

How Secured Rec. ad.

Occupation of Deceased

Name of Employer

Date of Death Oct. 10, 1937 (Date) (Hour)

Date of Birth July 12, 1937

Age 3 (Months) 2d (Days)

Date of Funeral Oct. 12, 1937 11 A.M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (in U.S. or City or County) (Years) (Months)

Place of Death 153 Craton St.

Cause of Death Hydrocephalus

Contributory Causes

Certifying Physician W. H. (or Coroner)

His Address 300 Summer Ave.

Name of Father James

His Birthplace Ark. [illegible]

Maiden Name of Mother Mongetta Harris

Her Birthplace Ala.

Motor / Ship } Remains to

Size and Style of Casket Still Born Case (State Color)

Manufactured by

Interment at Bonhill (Cemetery / Crematory)

Lot No.

Grave No. 287

Section No. 16A

Owner

Diagram of Lot or Vault

| Item | Amount |
|---|---|
| Complete Funeral | 25 |
| Casket | |
| Metallic Lining | |
| Outside Box | |
| Burial Vault | |
| Embalming Body | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificate | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | 25 |
| Less | |
| Balance | |

Entered into Ledger, page 1 or below.

| | To Funeral Charges. Total, $ | | By Cash | |
|---|---|---|---|---|
| | | | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expense thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 248 Yearly No. 94 Date Jan. 7 1938

Name of Deceased Hannah Thomas (Single, Married — Divorced) Col. S.C. (What Race) (Where Born)

Husband—Wife—Widow—

Residence of Deceased 46 Belmont Ave

Charge to Mrs. Henry T. Thomas

Address 46 Belmont Ave

Order given by Son (Relationship)

How Secured

Occupation of Deceased Home

Name of Employer

Date of Death Oct. 15, 1937 (Date) (Hour)

Date of Birth

Age 82 (Years) (Months) (Days)

Date of Funeral Oct. 23, 1937 (Date) (Day of Week) 2 p.m. (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (Years) (Months) at U.S. or City or County

Place of Death Newark City Hosp.

Cause of Death

Contributory Causes

Certifying Physician W. F. Klinn Jr. (or Coroner)

His Address M.C.H.

Name of Father Henry

His Birthplace S.C.

Maiden Name of Mother Bernice

Her Birthplace S.C.

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Fairlawn (Cemetery / Crematory)

Diagram of Lot or Vault

Lot No.

Grave No. 64

Section No. 24

Owner

| | | |
|---|---|---|
| Complete Funeral | $ | 50. |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | 20 |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ | 70 |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page 3 or below. | | |

| To Funeral Charges. Total, $ | | By Cash | $ |
|---|---|---|---|
| accepted with assignment for Bernice J. E. C. | Paid | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

# RECORD OF FUNERAL

Total No. 247 Yearly No. 23 Date Jan 7 1938

Name of Deceased Mr. Lee Thomas Thornton (Single — Married — Divorced) C (White Race) Canada (Where Born)

Husband—Wife—Widow— of

Residence of Deceased 50 Monmouth St

Charge to Robert Thornton

Address 50 Monmouth St

Order given by Son (or Informant)

How Secured

Occupation of Deceased Cabinet Worker

Name of Employer

Date of Death Oct 16, 1937 (Date) (Hour)

Date of Birth

Age 73 (Years) (Months) (Days)

Date of Funeral Oct 21, 1937 (Date) (Day of Week) 2 p.m. (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Newark City Hosp.

Cause of Death [illegible]

Contributory Causes

Certifying Physician W. J. Hartman (or Coroner)

His Address N. C. H.

Name of Father Lee

His Birthplace Canada

Maiden Name of Mother Mary Hicks

Her Birthplace Ohio

Motor / Ship } Remains to

Size and Style of Casket Steel Grey (Style Color)

Cut Top — Top Band

Manufactured by

Interment at Rosehill Cemetery { Cemetery / Crematory }

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Tomb

| | |
|---|---|
| Complete Funeral | $ 75 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | 25 |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | $ 100 |
| Less | $ |
| Balance | $ |
| Entered into Ledger, page 2 or below | |

| | To Funeral Charges... Total, $ | | By Cash | $ |
|---|---|---|---|---|
| | | | 53 — | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo

# RECORD OF FUNERAL

Total No. 250 Yearly No. 46 Date Jan. 4, 1938

Name of Deceased Irma Grant (Single — Married Divorced) Ga (What Race) Ga (Where Born)

Husband—Wife—Widow of

Residence of Deceased 18 Somerset St

Charge to

Address

Order given by (or Informant)

How Secured

Occupation of Deceased Domestic work

Name of Employer

Date of Death Oct 19, 193[illegible] (Date) 2:4 [illegible] (Hour)

Date of Birth July 24, 1912

Age 25 (Years) 2 (Months) 25 (Days)

Date of Funeral 10/23/37 (Date) (Day of Week) (Hour)

Services at Savannah Ga.

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Newark City Hosp.

Cause of Death Broncho Pneumonia

Contributory Causes Surgical shock

Certifying Physician E. M. Lambe (or Coroner)

His Address [illegible]

Name of Father Jno. Butler

His Birthplace Ga

Maiden Name of Mother Rose Cutie

Her Birthplace Ga

Motor / Ship } Remains to Savannah, Ga

Size and Style of Casket (State Color)

shipping case (furnished by out of town [illegible]

Manufactured by Service)

Interment at { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Complete Funeral | $ 77 | 50 |
|---|---|---|
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. (State Number and Degree) (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ 77 | 50 |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page ... or below. | | |

| To Funeral Charges... Total, $ | By Cash | $ |
|---|---|---|
| Rec'd by S. H. [illegible] Funeral Director [illegible] | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

# RECORD OF FUNERAL

Total No. 231 Yearly No. 77 Date Jan. 7, 1939

Name of Deceased John Mason (Single—Married—Widowed) (White) (Where Born)

Residence of Deceased 203 Howard St Embalmed—Kills—Wedged at Blanche Street

Charge to Mrs Fannie Mason

Address 203 Howard St

Order given by Mother

How Secured

Occupation of Deceased

Name of Employer

Date of Death Oct. 20, 1937 5 P.M. (Hour)

Date of Birth Apr. 13, 1925

Age 23 (Years) 6 (Months) 7 (Days)

Date of Funeral Oct 23, 1937 1 P.M. (Hour)

Services at Funeral Home

Clergyman Rev. Smith

His Address 111 Howard St

Religion of the Deceased M.

Resided in the State (in U.S. or City or County) (Years) (Months)

Place of Death Camp Ind. Hos.

Cause of Death P. T. B.

Contributory Causes

Certifying Physician W. F. Bennett (or Coroner)

His Address E. M. S.

Name of Father John Mason

His Birthplace Pa.

Maiden Name of Mother Fannie M. Clanton

Her Birthplace Ga.

Motor / Wagon } Remains to Pike, Pennsau

Size and Style of Casket Grey Lamb (Give Color)

Chestnut Half Couch

Manufactured by

Interment at Mt. Lawn, Phila. (Cemetery / Crematory)

Deed delivered to Mrs Mason by J E G

Diagram of Lot or Vault

Lot No. # 1

Grave No. # 1 1/2 Range

Section No. A

Owner

| | $ | |
|---|---|---|
| Complete Funeral | 375 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 55 | 00 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 430 | 00 |
| Less Extras | 83 | 50 |
| | 313 | 50 |
| Balance | 3 | 50 |
| Entered into Ledger, page or below Paid | 316 | 50 |

| | To Funeral Charges Total, $ | | By Cash | $ |
|---|---|---|---|---|
| | | Paid | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

Compiled by F. A. Fleischman, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 257 Yearly No. 48 Date Jan. 4 1938

Name of Deceased [illegible] Arnold (Single — Married — Divorced) (What Race) (Where Born)

Residence of Deceased [illegible] (Husband—Wife—Widow— of)

Charge to Miss Betty [illegible]

Address [illegible]

Order given by Mother (1st informant)

How Secured

Occupation of Deceased

Name of Employer

Date of Death Oct. 21, 1937 9 A.M. (Date) (Hour)

Date of Birth Sept 27, 1937

Age (Years) (Months) (Days)

Date of Funeral Oct. 22 1937 (Date) (Day of Week) (Hour)

Services at [illegible] Home

Clergyman Rev. Smith

His Address 117 Howard St.

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) Months

Place of Death N. C. H.

Cause of Death [illegible]

Contributory Causes [illegible]

Certifying Physician [illegible] (or Coroner)

His Address N. C. H.

Name of Father [illegible]

His Birthplace Ala

Maiden Name of Mother Betty Thompson

Her Birthplace [illegible]

Motor / Ship } Remains to

Size and Style of Casket Steel Gray (State Color) [illegible]

Manufactured by

Interment at [illegible] { Cemetery / Crematory }

Lot No.

Grave No. 17

Section No. 24

Owner

Diagram of Lot or Vault

| Item | $ | |
|---|---|---|
| Complete Funeral | 75 | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Charges) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | 25 | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 100 | |
| Less | | |
| Balance | | |

Entered into Ledger, page 2 or below.

| | To Funeral Charges. Total, $ | | By Cash. $ |
|---|---|---|---|
| | | Bill Paid May 1, 1937 [illegible] | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

# RECORD OF FUNERAL

Total No. 253 Yearly No. 17 Date Jan. 7, 1938

Name of Deceased Rev. Aurelius Lawrence (Single – Married – Divorced) C (Write Race) Ga. (Where Born)

Residence of Deceased 64 Montgomery St (Husband – Wife – Widow of) Fannie Lawrence

Charge to Mrs. Fannie Lawrence

Address 64 Montgomery St

Order given by Wife (Relationship)

How Secured

Occupation of Deceased Clergyman

Name of Employer

Date of Death Oct 23, 1937 (Date) (Hour)

Date of Birth Sept 12, 1881

Age 56 (Years) (Months) (Days)

Date of Funeral Oct 27, 1937 (Date) (Day of Week) 1 P.M. (Hour)

Services at Mt. Zion Baptist Church

Clergyman Rev. J. Y. Perkins

His Address

Religion of the Deceased B.

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death Newark City Hosp.

Cause of Death Arteriosclerosis

Contributory Causes

Certifying Physician H. S. Martland (or Coroner)

His Address N. C. H.

Name of Father James

His Birthplace Ga.

Maiden Name of Mother Betty Brooks

Her Birthplace Ga.

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Hinged Top – Chestnut

Manufactured by

Interment at Glendale { Cemetery / Crematory

Grave Card Delivered 11/2/37

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ |
|---|---|
| Complete Funeral | 85 |
| Casket (State Kind) | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | 1 |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | 5 |
| Railroad or Motor } Tickets, $ State Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | [illegible] |
| Less | |
| Balance | |

Entered into Ledger, page 2 or below.

| To Funeral Charges... Total, $ | | By Cash | $ |
|---|---|---|---|
| | Paid 11/3/37 | | |

Insurance, $ 308.10 Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expense thereof

Signed

Witness Signed

Compiled by F. J. FRIEDEMAN, St. Louis, Mo.

254

# RECORD OF FUNERAL

Total No. 254 Yearly No. 1 9 7 Date Nov. 1, 1937

Name of Deceased ... W. Williams (Single - Married - Divorced)

Residence of Deceased ... Boyd St. 2nd floor

Charge to Mrs. Susan Williams

Address ... Boyd St.

Order given by mother (or informant)

How Secured

Occupation of Deceased Student

Name of Employer

Date of Death Oct. 27, 1937 4:30 p.m. (Date) (Hour)

Date of Birth Feb. 19, 1932

Age 7 (Years) (Months) (Days)

Date of Funeral 11/1/37 (Date) (Day of Week) 2 p.m. (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) Months

Place of Death ... City Hosp.

Cause of Death ... Appendicitis

Contributory Causes

Certifying Physician (or Coroner)

His Address M. C. ...

Name of Father Theo. Williams

His Birthplace S. C.

Maiden Name of Mother ... Williams

Her Birthplace N. C.

Motor / Ship } Remains to

Size and Style of Casket White ... (State Color)

Manufactured by

Interment at Rosehill Cemetery { Cemetery / Crematory

Lot No.

Grave No. 280

Section No. 46 A

Owner

Diagram of Lot or Vault

| | |
|---|---|
| Complete Funeral | $ 40 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) ... Hose, $ | |
| Underwear, $ ... Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Badge, $ ... Gloves, $ | |
| Hearse, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| ... Certif. Copies of Death Certificate ... (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in ... Newspapers (Names of Newspapers) | |
| Flowers, $ ... Rental of Palms, $ | |
| Rental of Tent, $ ... of Temporary Tomb, $ | |
| Lowering Device, $ ... Cremation, $ | |
| Opening of Grave or Tomb | 18 |
| Lining Grave, $ ... Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor } Tickets, $ ... Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| ... 11/1/37 | |
| Total Footing of Bill | $ 58 |
| Less | $ |
| Balance | $ |
| Entered into Ledger, page ... or below. | |

| | To Funeral Charges. Total, $ | | By Cash ... $ |
|---|---|---|---|
| | | Paid 11/2/37 | |

Insurance, $ ... Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof.

Signed

# RECORD OF FUNERAL

Total No. 255 Yearly No. 181 Date Nov. 9, 1937

Name of Deceased Miss Mary Williams (Sex—Married—Single) C (When Born) Female (Where Born)

Residence of Deceased 220 Howard St. Husband—Wife—Widow— of

Charge to: Mrs Ada Carter

Address 220 Howard St

Order given by Mrs Carter (her relationship)

How Secured

Occupation of Deceased Domestic

Name of Employer

Date of Death Oct. 26, 1937 (Date) (Hour)

Date of Birth

Age 25 (Years) (Months) (Days)

Date of Funeral Nov. 1, 1937 (Date) (Day of Week) 2 p.m. (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death St. Michael's Hosp.

Cause of Death Bowel Obstruction

Contributory Causes.

Certifying Physician W. O. Pizzi (or Coroner)

His Address St. Michael's Hosp.

Name of Father Unknown

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship Remains to

Size and Style of Casket Silver Grey (Inside Sizes)

Cut Top – Top Board

Manufactured by

Interment at Rosehill (Cemetery)

Diagram of Lot or Vault

Lot No.

Grave No. 18

Section No. 24

Owner

| Item | $ |
|---|---|
| Complete Funeral | ✓ |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) ... Hose, $ | |
| Underwear, $ ... Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Badge, $ ... Gloves, $ | |
| Hearse, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in ... Newspapers (Names of Newspapers) | |
| Flowers, $ ... Rental of Palms, $ | |
| Rental of Tent, $ ... of Temporary Tomb, $ | |
| Lowering Device, $ ... Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | 143 00 |
| Less | |
| Balance | |

Entered into Ledger, page ... or below.

To Funeral Charges....Total, $ By Cash

Paid 12/4/37

Insurance, $ ... Names of Lodges

Names of Insurance Companies Washington Natl. Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness ... Signed

# RECORD OF FUNERAL

Total No. 252 Yearly No. 107 Date Jan 9, 1938

Name of Deceased Mrs Ella Harris (Single — Married — Divorced) C (What Race) Ga (Where Born)

Residence of Deceased 76 Somerset St. Husband—Wife—Widow

Charge to Miss Hussie Jones

Address

Order given by

How Secured

Occupation of Deceased unemployed

Name of Employer

Date of Death Oct 29 1937 10 A.M. (Hour)

Date of Birth Dec 25, 1864

Age 73 (Years) (Months) (Days)

Date of Funeral Nov 1, 1937 2 p.m. (Date) (Day of Week) (Hour)

Services at Clinton Mem. A. M. E. Church

Clergyman Rev. C. J. Nelson

His Address

Religion of the Deceased

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death 76 Somerset St.

Cause of Death Carcinoma of Uterus

Contributory Causes

Certifying Physician Dr. Thomas Bell (or Coroner)

His Address 340 Belmont Ave

Name of Father Sydney

His Birthplace Ga

Maiden Name of Mother Georgia Ann

Her Birthplace Ga

Motor / Ship } Remains to

Size and Style of Casket Steel Grey (State Color) Hinged Top Octagon ... E. P.

Manufactured by

Interment at Glendale (Cemetery)

| Item | $ | |
|---|---|---|
| Complete Funeral | 170 | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ Steel Grey (State Color) Hose, $ | 7 | |
| Underwear, $ Slippers $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (Name Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | 50 | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 237 | |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| To Funeral Charges | Total, $ | | By Cash | $ |
|---|---|---|---|---|
| | | Paid 1/30/37 [illegible] | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

# RECORD OF FUNERAL

Total No. 201 Yearly No. 103 Date Nov. 11 1937

Name of Deceased Mrs. Eleanor Napier (Single—Married—Divorced) (Where Born) Ga. (Where Born)

Residence of Deceased 46 Monmouth St Husband—Wife—Widow } Jack Napier

Charge to: Mrs Cecil Talbert

Address 46 Monmouth St

Order given by Daughter (or Informant)

How Secured New Family

Occupation of Deceased Unemployed

Name of Employer Nov. 3, 1937

Date of Death (Date) (Hour)

Date of Birth

Age 71 (Years) (Months) (Days)

Date of Funeral Nov. 5 1937 8 p.m. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Newark City Hosp.

Cause of Death Generalized Arteriosclerosis

Contributory Causes

Certifying Physician

His Address Newark City Hosp.

Name of Father Andrew Maladden

His Birthplace Ga.

Maiden Name of Mother Fannie ?

Her Birthplace Ga.

Motor / Ship } Remains to Macon, Ga.

Size and Style of Casket Silver Grey (Name Color) Metal Half Couch

Manufactured by New York & Brooklyn

Interment at Macon, Ga. { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 237 |
| Casket | |
| Metallic Lining | |
| Outside Box Statement (State Kind) | 68 |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid; Barber, $ Hair Dressing, $ | 25 |
| Dressing Body | |
| Suit or Dress, $ Grey (State Color) Hose, $ | 14 |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ to Penn. | 10 |
| Limousines to Cemetery @ $ to Station | |
| Autos to R. R. Station @ $ | 10 |
| Getting Remains from City Hosp. | 5 |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | 35 |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Berth Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | 409 |
| Less | 5 |
| Balance | 404 |

Entered into Ledger, page ...... or below.

To Funeral Charges....Total, $

By Cash $

Pd. Nov 23 1937

Insurance, $ ...... Names of Lodges

Names of Insurance Companies Met. Life Insurance Co.

We hereby authorize the above funeral and agree to pay the expenses thereof.

Signed

Signed

Witness

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 2 3 8 Yearly No. 1 8 4 Date Jan. 11 19 38

Name of Deceased Sam Johnson C U.S.

Residence of Deceased 8 4 Barclay St Annie Johnson

Charge to Mrs Annie Johnson

Address 8 4 Barclay St

Order given by Wife

How Secured

Occupation of Deceased Laborer

Name of Employer

Date of Death Nov 4, 1937 12:00

Date of Birth Oct 12, 1902

Age 3 0

Date of Funeral

Services at Franklin, Va

Clergyman

His Address

Religion of the Deceased

Resided in the State

Place of Death Newark City Hosp

Cause of Death Ulcers ?

Contributory Causes

Certifying Physician New

His Address Newark City Hosp

Name of Father Sam

His Birthplace Va

Maiden Name of Mother Annie Downey

Her Birthplace Va

Shipped Remains to Franklin, Va.

Size and Style of Casket Silver Grey

Octagon End

Manufactured by New Jersey Casket Co.

Interment at Franklin, Va

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 1 3 0 0 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | 1 3 0 |
| Less | |
| Balance | |

Entered into Ledger, page or below.

| To Funeral Charges. Total, $ | By Cash $ |
|---|---|
| | pd 11/30/37 |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. PEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 259 Yearly No. 105 Date Jan 11, 1938

Name of Deceased Mrs Montana Wilkins (Single Married Divorced) c (What Race) Ala (Where Born)

Residence of Deceased 181 Mrs. Wharton St Husband—Wife—Widow of J. William

Charge to: Mrs Releasa Robinson

Address 181 Mrs Wharton St

Order given by daughter (or informant)

How Secured

Occupation of Deceased H.W.

Name of Employer

Date of Death Nov 7, 1937 (Date) (Hour)

Date of Birth About 1891

Age 46 (Years) (Months) (Days)

Date of Funeral Nov 12, 1937 2 p.m. (Date) (Day of Week) (Hour)

Services at Zion Hill Baptist Church

Clergyman Rev. J. Perkins

His Address

Religion of the Deceased B.

Resided in the State (in U.S. or City or County) (Years) (Months)

Place of Death 181 Mrs. Wharton St

Cause of Death

Contributory Causes

Certifying Physician Dr. Walter Harden (or Coroner)

His Address

Name of Father Sol. Balden

His Birthplace Ala

Maiden Name of Mother Violet Heflin

Her Birthplace Ala

Motor/Ship } Remains to

Size and Style of Casket (State Color) Hinged Top

Manufactured by New Jersey Casket Co.

Interment at McGarn... { Cemetery / Crematory

Grave cut, delivered 11/12/37 - G.T.C.

Diagram of Lot or Tomb

Lot No.

Grave No.

Section No.

Owner

| Item | $ |
|---|---|
| Complete Funeral | 165 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ Extra | 10 |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Bill Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in N.A. Newspapers (Names of Newspapers) | 3 |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | 20 |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | 228 |
| Less | |
| Balance | |

Entered into Ledger, page or below.

| | To Funeral Charges.... Total, $ | | By Cash | $ |
|---|---|---|---|---|
| | | Pd 11/17/37 | | |

Insurance, $ Names of Lodges

Names of Insurance Companies Nat. Life Insurance Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 260 Yearly No. 106 Date Jan. 11 1938

Name of Deceased James Brown (Single — Married — Divorced) C (What Race) (Where Born)

Husband — Wife — Widow — or

Residence of Deceased

Charge to Miss Lulas Carter

Address 44 Macon Street

Order given by Sister (or informant)

How Secured

Occupation of Deceased

Name of Employer

Date of Death Oct. 31 1937 (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral Thursday next (Date) 1:30 P.M. (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (or Urb. or City or County) (Years) (Months)

Place of Death Auto accident; Detroit, Mich

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Remains from Detroit, Mich

Size and Style of Casket (State Color)

Manufactured by

Interment at Rosehill (Cemetery / Crematory)

Diagram of Lot or Tomb

Lot No. 12553

Grave No. 39

Section No. 24

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | 70 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance | $ | |

Entered into Ledger, page or below.

| To Funeral Charges. Total, $ | | By Cash $ |
|---|---|---|
| | Pd 1/11/38 | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 261 Yearly No. 107 Date January 11 1938

Name of Deceased Mrs. Julia Washington (Johnson) (Single — Married — Divorced) C (What Race) (Where Born)

Husband—Wife—Widow— of

Residence of Deceased

Charge to: Mrs. Mary W. Lizzon

Address 210 Oakwood Pl., Orange

Order given by Sister (or otherwise)

How Secured

Occupation of Deceased

Name of Employer

Date of Death (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral Nov. 11, 1937 (Date) (Day of Week) 3 P. M.

Services at Funeral Home

Clergyman Rev. Johnson

His Address Wallace Pl., Orange

Religion of the Deceased

Resided in the State (or U. S. or City or County) Years Months

Place of Death Bay Shore Hosp. L. I.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Office)

Manufactured by

Interment at Rosehill Cemetery { Cemetery / Crematory

Diagram of Lot or Tomb

Lot No.

Grave No. 125

Section No. 24

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | | |
| Casket | 85 | |
| Metallic Lining | | |
| Outside Box Pine (Cement) (State Kind) | 15 | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ Rosehill | 15 | |
| Limousines to Cemetery @ $ | 10 | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from Bay Shore, L. I. | 15 | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| 1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | 50 |
| Pall Bearer Service | | |
| Personal Service | 25 | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in N. E. N. Newspapers (Names of Newspapers) | 3 | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singer, $ Organist, $ | 4 | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | | |
| Less | | |
| Balance | | |

Entered into Ledger, page 1 or below.

| | To Funeral Charges... Total, $ | | By Cash | $ |
|---|---|---|---|---|
| | | | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. Peischman, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 263 Yearly No. 108 Date Jan. 11, 1938

Name of Deceased Dorethia Fowler (Single, Married)

Residence of Deceased 48 Barclay St. Daughter

Charge to Mrs. Sallie Fowler

Address 48 Barclay St.

Order given by Mother

How Secured

Occupation of Deceased Student

Name of Employer

Date of Death Nov. 9, 1937 4 A.M.

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral Sat. 1 P.M.

Services at Phillips Met. C.M.E. Church

Clergyman

His Address

Religion of the Deceased

Resided in the State

Place of Death St. Michaels Hosp.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor/Ship } Remains to

Size and Style of Casket White Plush, Silk Interior, Full Couch

Manufactured by New Jersey Casket Co.

Interment at Evergreen { Cemetery / Crematory }

Diagram of Lot or Tomb

Lot No.

Grave No. 10

Section No.

Owner

| Item | Amount |
|---|---|
| Complete Funeral $ | |
| Casket | 90 |
| Metallic Lining | |
| Outside Box (Pine, Pain Ted) | 12 |
| Burial Vault | |
| Embalming Body with Fluid | 20 |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | 10 |
| Limousines to Cemetery 2 @ $ 10.00 | 20 |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificates No. | |
| Pall Bearer Service | 12 |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers | 3 |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | 50 |
| Lining Grave, $ Matting, $ | 5 |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced For | 7 |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |

Entered into Ledger, page or below.

To Funeral Charges . . . Total, $

Pd. 12/19/37

By Cash $

Insurance, $ Names of Lodges

Names of Insurance Companies Met. Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Copyrighted by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 263 Yearly No. 109 Date Jan. 11, 1938

Name of Deceased Infant Freeman (Single — Married — Divorced) C (Where Born) Newark, N. J. (Where Born)

Residence of Deceased 127 Spruce St. Husband-Wife-Widow-ed Mrs. Wm. Freeman

Charge to Mr. Wilson Freeman

Address 127 Spruce St.

Order given by Father (or informant)

How Secured

Occupation of Deceased

Name of Employer

Date of Death Nov. 13, 1937 2:20 P.M. (Date) (Hour)

Date of Birth Nov. 13, 1937

Age (Years) (Months) (Days) 2 Hrs.

Date of Funeral (Date) (Day of Week) (Hour) M.

Serviceat

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 127 Spruce St.

Cause of Death Ex haustion

Contributory Causes Prolonged Labor

Certifying Physician L. G. Hilton (or Coroner)

His Address 95 Mercer St.

Name of Father Wilson Freeman

His Birthplace Ga.

Maiden Name of Mother Sadie Freeman

Her Birthplace Ga.

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Stl. Baro Case

Manufactured by

Interment at Rosehill { Cemetery / Crematory

| | |
|---|---|
| unselected grave | Lot No. |
| | Grave No. |
| | Section No. |
| Diagram of Lot or Vault | Owner |

| Item | $ | |
|---|---|---|
| Complete Funeral | 12 | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Extra Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 12 | |
| Less | | |
| Balance | | |

Entered into Ledger, page 1 or below.

| To Funeral Charges. Total, $ | By Cash | $ |
|---|---|---|
| | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 264 Yearly No. 110 Date Jan. 11, 1938

Name of Deceased Jerry Williams (Single—Married—Divorced) C (What Race) Orange, N.J. (Where Born)

Residence of Deceased 120 Hickory St, Orange Husband—Wife—Widow— son of Hayes Williams

Charge to Mr. Hayes Williams

Address 120 Hickory St

Order given by Father (or otherwise)

How Secured

Occupation of Deceased Student

Name of Employer

Date of Death Nov. 19, 1937 (Date) 9:15 p.m. (Hour)

Date of Birth July 17, 1927

Age 10 (Years) (Months) (Days)

Date of Funeral Nov. 23, 1937 (Day of Week) 2:30 p.m. (Hour)

Services at Union Baptist Church

Clergyman Rev. Johnson

His Address Wallace St, Orange

Religion of the Deceased B.

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Lincoln Hosp. N.Y.

Cause of Death Generalized peritonitis

Contributory Causes Perforated appendix

Certifying Physician Harry Agulnoff (or Coroner)

His Address Lincoln Hosp.

Name of Father Hayes Williams

His Birthplace Fla.

Maiden Name of Mother Virginia Johnson

Her Birthplace Va.

Motor / Ship } Remains to

Size and Style of Casket B. White (State Color) Combination Plush

Manufactured by New Jersey Casket Co.

Interment at Rosehill { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | Amount |
|---|---|
| Complete Funeral | $ 220 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ Extra | 20 |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | 25 |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | $ 265 |
| Less | $ |
| Balance | $ |

Entered into Ledger, page or below.

To Funeral Charges Total, $

By Cash $

Paid 3rd Dec 1937

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

# RECORD OF FUNERAL

Total No. 265 Yearly No. 111 Date Jan. 11 1938

Name of Deceased Mr. Peter Robinson (Single—Married—Divorced) C. (Where Born) N.C.

Residence of Deceased 96 South St. Orange Husband—Wife of Mrs. Georgiana Robinson

Charge to Mrs. Georgiana Robinson

Address 96 South St

Order given by Wife (or Informant)

How Secured

Occupation of Deceased

Name of Employer P.S. of N.J.

Date of Death Dec. 26, 1937 (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at Union Baptist Church

Clergyman Rev. Watkins

His Address

Religion of the Deceased B.

Resided in the State (in U.S. or City of Country) (Years) (Months)

Place of Death P.S. Car Barn, Hlls'd, E.O.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket 6.ft. Greenlger (State Color)

Half Couch

Manufactured by

Interment at { Cemetery / Crematory

| | |
|---|---|
| Complete Funeral | 290 |
| Casket | 290 |
| Metallic Lining (State Kind) | |
| Outside Box For: Mrs. Ray (State Kind) | 15 |
| Burial Vault Surest - Concrete (State Kind) | 255 |
| Embalming Body with Fluid | 6 |
| Barber, \$ Hair Dressing, \$ | 6 |
| Dressing Body | 4 |
| Suit or Dress, \$ (State Color) Hose, \$ | |
| Underwear, \$ Slippers, \$ | |
| Folding Chairs, \$ Tarpaulin, \$ | |
| Candelabrum, \$ Candles, \$ | |
| Door Badge, \$ Gloves, \$ | |
| Hearse, \$ Ambulance, \$ | |
| Limousines to Cemetery 2 @ \$ 18.00 | 6 |
| Autos to R. R. Station @ \$ | 4 |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | 1 |
| 2 Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | |
| Pall Bearer Service | 6 |
| Personal Service | 6 |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, \$ Rental of Palms, \$ | 6 |
| Rental of Tent, \$ of Temporary Tomb, \$ | |
| Lowering Device, \$ Cremation, \$ | |
| Opening of Grave or Tomb | |
| Lining Grave, \$ Matting, \$ | |
| Outlay for Shipping Charges | |
| Clergyman, \$ Singers, \$ Organist, \$ | |
| Railroad or Motor } Tickets, \$ Aeroplane Service, \$ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Hire. ab. extra car | 10 |
| Total Footing of Bill | \$ 701 |
| Less | \$ |
| Balance | \$ |
| Entered into Ledger, page or below. | |

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| To Funeral Charges. Total, \$ | By Cash \$ |
|---|---|
| Paid Bal due 12/27/37 | |

Insurance, \$ Names of Lodges

Names of Insurance Companies Mete Life Ins. Co.

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

Compiled by F. J. WEINMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 266 Yearly No. 112 Date Jan. 11 1938

Name of Deceased Mrs. [illegible] Hamilton (Single—Married—Divorced) (When Born) (Where Born)

Husband—Wife—Widow—of

Residence of Deceased 75 [illegible] St

Charge to Mrs. Williams & Mrs Hamilton

Address 75 [illegible] St — 41 [illegible] St

Order given by (or authority)

How Secured

Occupation of Deceased H.W.

Name of Employer

Date of Death Nov 28, 1937 (Date) (Hour)

Date of Birth

Age about 67 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) @ (Hour)

Services at Funeral Home

Clergyman Rev. [illegible]

His Address

Religion of the Deceased

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Newcastle City Hosp.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship } Remains to

Size and Style of Casket Grey (State Color)

H.L. [illegible]

Manufactured by N. S. Casket Co.

Interment at [illegible] { Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No. 152

Section No. 24

Owner

| Item | | $ |
|---|---|---|
| Complete Funeral | | 135 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | Pine Painted | 15 |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | 25 |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ Pink (State Color) Hose, $ | | 5 |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | 15 |
| Limousines to Cemetery @ $ | | 10 |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | 25 |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | | 25 |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | | 260 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| To Funeral Charges Total $ | By Cash $ |
|---|---|
| | pd. 2/11/37 |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

# RECORD OF FUNERAL

Total No. 267 Yearly No. 113 Date Dec. 11, 1938

Name of Deceased Justus Chilles (Single — Married Divorced) (What Race) (Where Born) Colored

Husband—Wife—Widow of

Residence of Deceased 140 Prince St.

Charge to Mrs. Ruth Chilles

Address 140 Prince St.

Order given by mother (or relationship)

How Secured

Occupation of Deceased Student

Name of Employer

Date of Death Dec. 3, 1937 (Hour) 7 P.M.

Date of Birth Dec. 14, 1923

Age 13 (Years) 11 (Months) 19 (Days)

Date of Funeral 12/6/37 (Day of Week) 2 P.M. (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U.S. if Out of Country) (Years) (Months)

Place of Death Newark City Hosp.

Cause of Death T.B.

Contributory Cause Pyemia

Certifying Physician Hospital Staff (or Coroner)

His Address N.C.H.

Name of Father Chester Chilles

His Birthplace Ga.

Maiden Name of Mother Ruth Cathan

Her Birthplace Ga.

Motor / Ship } Remains to

Size and Style of Casket White 5'6" (State Color) Lamb Skin (Full Length)

Manufactured by M. J. Cashatt Co.

Interment at Fairmount { Cemetery / Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ |
|---|---|
| Complete Funeral | |
| Casket | 75 |
| Metallic Lining (State Kind) | 6 |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | 12 |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | 13 |
| Limousines to Cemetery @ $ | 6 |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | 10 |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Auto Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | |
| Less | |
| Balance | |

Entered into Ledger, page or below.

| | To Funeral Charges. Total, $ | | By Cash |
|---|---|---|---|
| | | | ck 12/10/37 |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expense thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 268 Yearly No. 114 Date Jan. 1, 1938

Name of Deceased Fredrick (TEDDY) Simmons (Single – Married – Divorced) c (What Race) N.C. (Where Born)

Residence of Deceased 263 Belmont Ave. Husband—Wife—Widow of

Charge to Mrs. Simmons

Address 263 Belmont Ave.

Order given by Sister (by Informant)

How Secured

Occupation of Deceased Chauffeur

Name of Employer

Date of Death (Date) (Hour)

Date of Birth Mar. 5, 1907

Age 30 (Years) 9 (Months) (Days)

Date of Funeral Dec. 13, 1937 (Date) (Day of Week) 2 p.m. (Hour)

Services at Funeral Home

Clergyman Rev Watts

His Address Spruce St

Religion of the Deceased

Resided in the State (in U. S. or City or Country) (Years) (Months)

Place of Death Newark City Hosp.

Cause of Death Suicide (Roach Powder)

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father John

His Birthplace N.C.

Maiden Name of Mother

Her Birthplace Hattie N.C.

Motor / Ship } Remains to

Size and Style of Casket 6 ft. Steel Grey (State Color) mud Top

Manufactured by

Interment at Rosehill { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 90 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| 4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | 25 |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | 115 |
| Less | |
| Balance | |

Entered into Ledger, page ...... or below.

| To Funeral Charges.... Total, $ | By Cash $ |
|---|---|
| | Pd. 12/11/37 |

Insurance, $ ........ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Signed

Witness

# RECORD OF FUNERAL

Total No. 269 Yearly No. 113 Date Dec 14 1937

Name of Deceased Mrs Mary Pugh

Residence of Deceased 22 Johnson St

Charge to Mrs Sophie Cooper

Address 27 Johnson St

Order given by Daughter

How Secured

Occupation of Deceased H. W.

Name of Employer

Date of Death Dec 13, 1937 10 A.M.

Date of Birth Nov 2

Age 49

Date of Funeral Dec 15 1937 2 P.M.

Services at Funeral Home

Clergyman Rev Saunders

His Address St. James A. M. E. Church

Religion of the Deceased M

Resided in the State

Place of Death Community Hosp.

Cause of Death

Contributory Causes

Certifying Physician

His Address

Name of Father Isaac Irving

His Birthplace S. C.

Maiden Name of Mother Jennette

Her Birthplace S. C.

Motor / Ship Remains to

Size and Style of Casket Steel Grey Cut Top

Manufactured by N. J. Casket Co.

Interment at Rosehill (Cemetery / Crematory)

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot in Yard

Complete Funeral ... 75

Casket

Metallic Lining

Outside Box

Burial Vault

Embalming Body

Barber, $ Hair Dressing, $

Dressing Body

Suit or Dress, $ Hose, $

Underwear, $ Slippers, $

Folding Chairs, $ Tarpaulin, $

Candelabrum, $ Candles, $

Door Badge, $ Gloves, $

Hearse, $ Ambulance, $

Limousines to Cemetery

Autos to R. R. Station

Getting Remains from

Taking Remains to

Delivering Box to

Flowers to

Removal Charges

Procuring Burial Permit

Certif. Copies of Death Certificates

Pall Bearer Service

Personal Service

Use of Chapel

Outlay for Lot

Death Notices in Newspapers

Flowers, $ Rental of Palms, $

Rental of Tent, $ of Temporary Tomb, $

Lowering Device, $ Cremation, $

Opening of Grave or Tomb

Lining Grave, $ Matting, $

Outlay for Shipping Charges

Clergyman, $ Singers, $ Organist, $

Railroad or Motor Tickets, $ Service, $

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges ... 25

Total Footing of Bill ... 100 00

Less

Balance

Entered into Ledger, page or below.

To Funeral Charges. Total, $

By Cash

Paid 2/15/37

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. J. FREIERMANN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 270 Yearly No. 116 Date Jan 11, 1938

Name of Deceased Hadley Lateaca Tamadge (Single – Married – Divorced) (What Race) Newark N.J. (Where Born)

Husband – Wife – Widow – or ... of

Residence of Deceased

Charge to Mr. Geo. Tamadge

Address 142 W. Kinney St 1st floor

Order given by Father (Relationship)

How Secured

Occupation of Deceased Child

Name of Employer

Date of Death Dec 8, 1937 (Date) (Hour)

Date of Birth Dec 6 1937

Age (Years) (Months) 2 (Days)

Date of Funeral 12/13/37 (Date) Day of Week (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Newark City Hosp

Cause of Death

Contributory Causes

Certifying Physician Dr. [illegible] (or Coroner)

His Address N.C.H.

Name of Father George

His Birthplace N.J.

Maiden Name of Mother [illegible] W. [illegible]

Her Birthplace Tampa, Fla.

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Still born case

Manufactured by N.J. Casket Co.

Interment at Rosehill { Cemetery / Crematory

Unregistered grave

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| | $ |
|---|---|
| Complete Funeral | 12 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ (State Color) Hose, $ | |
| Underwear, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Badge, $ Gloves, $ | |
| Hearse, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Delivering Box to | |
| Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service | |
| Personal Service | |
| Use of Chapel | |
| Outlay for Lot | |
| Death Notices in Newspapers (Names of Newspapers) | |
| Flowers, $ Rental of Palms, $ | |
| Rental of Tent, $ of Temporary Tomb, $ | |
| Lowering Device, $ Cremation, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Matting, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Total Footing of Bill | 12 |
| Less | |
| Balance | |

Entered into Ledger, page 7 or below.

| To Funeral Charges. Total $ | By Cash $ |
|---|---|
| | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 271 Yearly No. 117 Date Jan 14 193 8

Name of Deceased Mrs. Emmanal Dudley (Single — Married — Divorced) C (What Race) D.C. (Where Born)

Husband—Wife—Widow or

Residence of Deceased

Charge to Rev. Wm. H. Gardner

Address 149 Charlton St

Order given by (or Relationship)

How Secured

Occupation of Deceased H. W.

Name of Employer

Date of Death (Date) (Hour)

Date of Birth About 1907

Age 30 (Years) (Months) (Days)

Date of Funeral Dec 20 1937 2 P.M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Rev. Wm. H. Gardner

His Address 149 Charlton St

Religion of the Deceased B.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Hosp.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Kinchen Jones

His Birthplace N.C.

Maiden Name of Mother Jane ?

Her Birthplace N.C.

Move / Ship } Remains to

Size and Style of Casket Sateen Gray (Gate Glass) Cut Top

Manufactured by N. H. Casket Co.

Interment at Rosehill { Cemetery / Crematory

Diagram of Lot or Vault

Lot No. 1 R. 626

Grave No. 47

Section No. 24

Owner

Complete Funeral $ 75

Casket

Metallic Lining (State Kind)

Outside Box (State Kind)

Burial Vault (State Kind)

Embalming Body with Fluid

Barber, $ Hair Dressing, $

Dressing Body

Suit or Dress, $ (Style Color) Hose, $

Underwear, $ Slippers, $

Folding Chairs, $ Tarpaulin, $

Candelabrum, $ Candles, $

Door Badge, $ Gloves, $

Hearse, $ Ambulance, $

Limousines to Cemetery @ $

Autos to R. R. Station @ $

Getting Remains from

Taking Remains to

Delivering Box to

Flowers to

Removal Charges

Procuring Burial Permit (State Number and Name)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service

Personal Service

Use of Chapel

Outlay for Lot

Death Notices in Newspapers (Names of Newspapers)

Flowers, $ Rental of Palms, $

Rental of Tent, $ of Temporary Tomb, $

Lowering Device, $ Cremation, $

Opening of Grave or Tomb 25

Lining Grave, $ Matting, $

Outlay for Shipping Charges

Clergyman, $ Singers, $ Organist, $

Railroad or Motor } Tickets, $ Aero-plane Service, $

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Total Footing of Bill $ 100

Less $

Balance $

Entered into Ledger, page 3 or below.

To Funeral Charges Total, $

Paid J. E. [illegible]

By Cash $

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

Compiled by F. S. PENNIMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. 272 Yearly No. 118 Date Jan. 11 1938

Name of Deceased Randell Stewart (Single – Married – Divorced) C (What Race) Ga (Where Born)

Residence of Deceased 170 Boyd St (2nd floor) Husband–Wife–Widow–er Mrs Stella

Charge to Mrs Stella Stewart

Address 170 Boyd St

Order given by Wife

How Secured

Occupation of Deceased Laborer

Name of Employer

Date of Death Dec. 29, 1937 3:30 a.m. Hour

Date of Birth Jan 29, 1899

Age 38 (Years) Months Days

Date of Funeral Jan 3, 1938 (Day of Week) 1 p.m. Hour

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Newark City Hosp.

Cause of Death Lobar Pneumonia

Contributory Causes

Certifying Physician Dr. [illegible] McGlynn (or Coroner)

His Address N. C. Hosp

Name of Father Jackson Stewart

His Birthplace Ga

Maiden Name of Mother Easter Hart

Her Birthplace Ga

Mother Ship } Remains to

Size and Style of Casket Steel Gray Size Color Octagon End (cut top)

Manufactured by N. J. Casket Co.

Interment at Rosedale { Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | 100 | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | | |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ EXTRA | 10 | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 25 | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 160 | |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

| To Funeral Charges. Total $ | | By Cash | $ |
|---|---|---|---|
| | Paid 1/20/38 | | |

Insurance, $ ... Names of Lodges

Names of Insurance Companies Met. Life Ins Co

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. 273 Yearly No. 119 Date Jan. 1, 1938

Name of Deceased Ida Johnson (Single — Married — Divorced) (When Born)

Husband—Wife—Widow

Residence of Deceased Ida Morton St.

Charge to Mrs. Ida Harris

Address 101 Guttman St.

Order given by

How Secured

Occupation of Deceased H.W.

Name of Employer

Date of Death Dec. 30, 1937 (Date) (Hour)

Date of Birth

Age 33 (Years) (Months) (Days)

Date of Funeral Jan. 3, 1938 (Date) (Day of Week) (Hour) M.

Services at Funeral Home

Clergyman Rev. Webb

His Address Spruce St.

Religion of the Deceased B.

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Beth Israel Hosp.

Cause of Death Carcinoma

Contributory Causes

Certifying Physician (or Coroner) Hospital Staff

His Address B.I. Hosp.

Name of Father Alfred Bevens

His Birthplace Ga.

Maiden Name of Mother Ella

Her Birthplace Ga.

Motor / Ship } Remains to

Size and Style of Casket Silver Grey Cut Top (Octagon Ends)

Manufactured by N. J. Casket Co.

Interment at Evergreen { Cemetery / Crematory

Lot No. 3 S.R.G.

Grave No. 55

Row / Section No. 23

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 130 | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Suit or Dress, $ (State Color) Hose, $ | 6 | 50 |
| Underwear, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Badge, $ Gloves, $ | | |
| Hearse, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Delivering Box to | | |
| Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| 1 Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | | 50 |
| Pall Bearer Service | | |
| Personal Service | | |
| Use of Chapel | | |
| Outlay for Lot | | |
| Death Notices in Newspapers (Names of Newspapers) | | |
| Flowers, $ Rental of Palms, $ | | |
| Rental of Tent, $ of Temporary Tomb, $ | 6 | |
| Lowering Device, $ Cremation, $ | | |
| Opening of Grave or Tomb | 23 | |
| Lining Grave, $ Matting, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Total Footing of Bill | 207 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| | To Funeral Charges. Total, $ | | By Cash | |
|---|---|---|---|---|
| | | Paid 1/24/38 | | |

Insurance, $ Names of Lodges

Names of Insurance Companies

We hereby authorize the above funeral and agree to pay the expenses thereof

Signed

Witness Signed

# RECORD OF FUNERAL

Total No. .......... Yearly No. .......... Date .......... 19....

Name of Deceased Brown William (Single — Married — Divorced) .......... (When Born) .......... (Where Born)

Residence of Deceased .......... Husband—Wife—Widow— or .......... of

Charge to Mrs. Louis Angue (Walker)

Address 287 New St. Newark

Order given by .......... (or Informant)

How Secured ..........

Occupation of Deceased

Name of Employer

Date of Death Feb. 23, 1934 (Date) (Hour)

Date of Birth ..........

Age .......... (Years) (Months) (Days)

Date of Funeral Feb. 28, 1934 (Date) (Day of Week) (Hour)

Services at ..........

Clergyman ..........

His Address ..........

Religion of the Deceased ..........

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death ..........

Cause of Death ..........

Contributory Causes

Certifying Physician .......... (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to ..........

Size and Style of Casket .......... (State Color)

..........

Manufactured by ..........

Interment at Evergreen { Cemetery / Crematorium

Diagram of Lot or Vault

Lot No. Row 17

Grave No. 23

Section No. Plot 4 C.B.D.

Owner ..........

| Item | $ |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining .......... (State Kind) | |
| Outside Box .......... (State Kind) | |
| Burial Vault .......... (State Kind) | |
| Embalming Body .......... with .......... Fluid | |
| Barber, $ .......... Hair Dressing, $ | |
| Dressing Body | |
| Suit or Dress, $ .......... (State Color) Hose, $ | |
| Underwear, $ .......... Slippers, $ | |
| Folding Chairs, $ .......... Tarpaulin, $ | |
| Candelabrum, $ .......... Candles, $ | |
| Door Badge, $ .......... Gloves, $ | |
| Hearse, $ .......... Ambulance, $ | |
| Limousines to Cemetery .......... @ $ | |
| Autos to R. R. Station .......... @ $ | |
| Getting Remains from .......... | |
| Taking Remains to .......... | |
| Delivering Box to .......... | |
| Flowers to .......... | |
| Removal Charges .......... | |
| Procuring Burial Permit .......... (State Number and District) | |
| Certif. Copies of Death Certificates No. .......... (State Physician's or Coroner's) | |
| Pall Bearer Service .......... | |
| Personal Service .......... | |
| Use of Chapel .......... | |
| Outlay for Lot .......... | |
| Death Notices in .......... Newspapers (Names of Newspapers) | |
| Flowers, $ .......... Rental of Palms, $ | |
| Rental of Tent, $ .......... of Temporary Tomb, $ | |
| Lowering Device, $ .......... Cremation, $ | |
| Opening of Grave or Tomb .......... | |
| Lining Grave, $ .......... Matting, $ | |
| Outlay for Shipping Charges .......... | |
| Clergyman, $ .......... Singers, $ .......... Organist, $ | |
| Railroad or Motor } Tickets, $ .......... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges .......... | |
| Cash Advanced .......... | |
| Out of town Undertaker's Charges .......... | |
| Total Footing of Bill .......... | $ |
| Less .......... | $ |
| Balance .......... | $ |

Entered into Ledger, page .......... or below.

| To Funeral Charges. Total, $ | | By Cash | $ |
|---|---|---|---|
| | Paid | | |

Insurance, $ .......... Names of Lodges ..........

Names of Insurance Companies ..........

We hereby authorize the above funeral and agree to pay the expenses thereof ..........

Signed ..........

# RECORD OF FUNERAL

Total No. ........ Yearly No. ........ Date ........ 19..

Name of Deceased ........ (Single — Married — Divorced) ........ (What Race) ........ (Where Born)

Residence of Deceased ........ Husband—Wife—Widow— ........ of ........

Charge to ........

Address ........

Order given by ........ (or Informant)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Date of Death ........ (Date) ........ (Hour)

Date of Birth ........

Age ........ (Years) ........ (Months) ........ (Days)

Date of Funeral ........ (Date) ........ (Day of Week) ........ (Hour) ........ M.

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (or U. S. or City or County) ........ (Years) ........ (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Motor / Ship } Remains to ........

Size and Style of Casket ........ (State Color)

........

Manufactured by ........

Interment at ........ { Cemetery / Crematory

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

Diagram of Lot or Vault

| | |
|---|---|
| Complete Funeral | $ |
| Casket ........ | |
| Metallic Lining ........ (State Kind) | |
| Outside Box ........ (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body ........ with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body ........ | |
| Suit or Dress, $ ........ (State Color) Hose, $ | |
| Underwear, $ ........ Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Badge, $ ........ Gloves, $ | |
| Hearse, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from ........ | |
| Taking Remains to ........ | |
| Delivering Box to ........ | |
| Flowers to ........ | |
| Removal Charges ........ | |
| Procuring Burial Permit ........ (State Number and District) | |
| ........ Certif. Copies of Death Certificates No. ........ (State Physician's or Coroner's) | |
| Pall Bearer Service ........ | |
| Personal Service ........ | |
| Use of Chapel ........ | |
| ........ | |
| Outlay for Lot ........ | |
| Death Notices in ........ Newspapers. | |
| ........ (Names of Newspapers) | |
| Flowers, $ ........ Rental of Palms, $ | |
| Rental of Tent, $ ........ of Temporary Tomb, $ | |
| Lowering Device, $ ........ Cremation, $ | |
| Opening of Grave or Tomb ........ | |
| Lining Grave, $ ........ Matting, $ | |
| Outlay for Shipping Charges ........ | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges ........ | |
| Cash Advanced ........ | |
| Out of town Undertaker's Charges ........ | |
| ........ | |
| Total Footing of Bill ........ | $ |
| Less ........ | $ |
| Balance ........ | $ |
| Entered into Ledger, page ........ or below. | |

| | To Funeral Charges. ........ Total, $ | | | By Cash ........ $ | |
|---|---|---|---|---|---|
| | | | | | |

Insurance, $ ........ Names of Lodges ........

Names of Insurance Companies ........

We hereby authorize the above funeral and agree to pay the expenses thereof ........

Signed ........

Witness ........ Signed ........

# RECORD OF FUNERAL

Total No. ........ Yearly No. 1 ........ Date March 21 1938

Name of Deceased Hezekiah Saunders (Single—Married—Divorced) Colored (What Race) Marion County, Ga. (Where Born)

Residence of Deceased 206 Livingston St. Husband—Wife—Widow

Charge to [illegible]

Address [illegible]

Order given by Mary Saunders (or Relative)

How Secured

Occupation of Deceased Minister

Name of Employer

Address

Date of Death Jan. 1 (Date) 1938 (Hour)

Date of Birth Oct. 13, 1864

Age 73 (Years) 2 (Months) 20 (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S.) (in City or County) (Years) (Months)

Place of Death 206 Livingston St.

Cause of Death

Contributory Causes

Certifying Physician Dr. Thomas Bell (or Coroner)

His Address

Name of Father Arzon Saunders

His Birthplace unknown

Maiden Name of Mother "

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Rose Hill { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral ........ $ 100 50

Casket Grey

Metallic Lining

Outside Box Pine (State Kind)

Burial Vault (State Kind)

Embalming Body ✓ with (State Kind) Fluid

Barber, $ ........ Hair Dressing, $

Dressing Body

Underwear, $ ........ Hose, $

Suit or Dress, $ ........ Slippers, $

Folding Chairs, $ (State Color) Tarpaulin, $

Candelabrum, $ ........ Candles, $

Door Spray, $ ........ Gloves, $

Funeral Car, $ ........ Ambulance, $

Limousines to Cemetery ........ @ $

Autos to R. R. Station ........ @ $

Getting Remains from Home

Taking Remains to Chapel

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, $ ........ Use of Chapel, $

Personal Service

Outlay for Lot

Cremation

Ins Death Notices in ........ Papers (Names of Newspapers)

Flowers, $ ........ Palms, $ ........ Matting, $

Rental of Tent, $ ........ of Temporary Vault, $

Opening of Grave or Tomb

Lining Grave, $ ........ Lowering Device, $

Outlay for Shipping Charges

Clergyman, $ ........ Singers, $ ........ Organist, $

Railroad or Motor } Tickets, $ ........ Aero-plane Service, $

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Sales Tax

Total Footing of Bill $

Less $

Balance $ 100 50

Entered into Ledger, page ........ or below.

To Funeral Charges Total, $

By Cash $

Paid

Insurance $ ........ Names of Lodges ........ Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Address

Compiled by F. J. FEHNEMAN, St. Louis, Mo.

# RECORD O

Total No: ........................ Yearly No. ........

Name of Deceased. Brown (Single) Married — Divorced) Widow[ed]

Residence of Deceased .........

Charge to. Mrs. Doris Angue (Widow)

Address. 289 New St. Newark

Order given by ........ (Relationship)

How Secured ........

Occupation of Deceased

Name of Employer

Date of Death. Feb. 23, 1934 (Date) (Hour)

Date of Birth

Age. ...... (Years) (Months) (Days)

Date of Funeral Feb. 28, 1934 (Date) (Day of Week) (Hour)

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased

Resided in the State ...... in U.S. or City or County (Years) (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother

Her Birthplace ........

Motor / Ship } Remains to ........

Size and Style of Casket ........ (State Color)

........

Manufactured by ........

Interment at Evergreen { Cemetery / Crematory

(Diagram of Lot or Vault)

Lot No. Row 17

Grave No. 23

Section No. Plot P. D

Owner ........

| | | To Funeral Charges.... Total, $ | |
|---|---|---|---|
| | | | P |
| | | | |
| | | | |
| | | | |

Insurance, $ ........ Names of L

Names of Insurance Companies ........

We hereby authorize the above funeral and agree to pa

# RECORD OF FUNERAL

Total No. ...... Yearly No. 1 ...... Date March 21 1938

Name of Deceased Hezekiah Saunders (Name—Married—Divorced) Colored (Where Born) Marion County Va. (Where Born)

Residence of Deceased 206 Livingston St. Husband—Wife—Widow

Charge to [illegible]

Address [illegible]

Order given by Mary Saunders (or Informant)

How Secured

Occupation of Deceased Minister

Name of Employer

Address

Date of Death Jan 1 1938 (Date) (Hour)

Date of Birth Oct. 12, 1864

Age 73 (Years) 2 (Months) 20 (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (In U.S. Town City or Country) (Years) (Months)

Place of Death 206 Livingston St.

Cause of Death

Contributory Causes

Certifying Physician Dr. Thomas Bell (or Coroner)

His Address

Name of Father Arzon Saunders

His Birthplace [illegible]

Maiden Name of Mother "

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Rose Hill { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Tomb

| Item | $ | |
|---|---|---|
| Complete Funeral | 100 | 50 |
| Casket Gray | | |
| Metallic Lining | | |
| Outside Box Pine (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ✓ with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from Home | | |
| Taking Remains to Chapel | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| 1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| ...line Death Notices in ... Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | | |
| Less | | |
| Balance | 100 | 50 |

Entered into Ledger, page ... or below.

| To Funeral Charges | Total, $ | By Cash | $ |
|---|---|---|---|
| | | Paid | |

Insurance $ ...... Names of Lodges ...... Insurance Companies ......

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ...... Address

Compiled by F. J. PRINEMAN, St. Louis, Mo.

# RECO

Total No. ........ Yearly

Name of Deceased Brann...

Residence of Deceased ........

Charge to Mrs. Davis Angus...

Address 289 New... St. Man...

Order given by

How Secured

Occupation of Deceased

Name of Employer

Date of Death Feb. 23, 193... (Date)

Date of Birth

Age 0 (Years) (Months)

Date of Funeral Feb. 28, 193... (Date) (Day of Week)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State ........ (in U. S. or City or Country)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket ........

Manufactured by

Interment at Evergreen

Diagram of Lot or Vault

~~Lot No.~~ R...

Grave No.

~~Section No.~~

Owner

| | | To Funeral Charges. To... |
|---|---|---|
| | | |

Insurance, $

Names of Insurance Companies

We hereby authorize the above funeral a...

# RECORD OF FUNERAL

Total No.

Yearly No. 1

Date March 27 1938

Name of Deceased Hezekiah Saunders (Single—Married—Divorced) Colored (What Race) Marion County (Where Born)

Residence of Deceased 206 Livingston St. Husband—Wife—Widow of

Charge to [illegible]

Address [illegible]

Order given by Mary Saunders (or Informant)

How Secured

Occupation of Deceased Minister

Name of Employer

Address

Date of Death Jan 1 (Date) 1938 (Hour)

Date of Birth Oct. 13, 1864

Age 73 (Years) 2 (Months) 20 (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (in U.S.) (City or County) (Years) (Months)

Place of Death 206 Livingston st.

Cause of Death

Contributory Causes

Certifying Physician Dr. Thomas Bell (or Coroner)

His Address

Name of Father Arron Saunders

His Birthplace unknown

Maiden Name of Mother "

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Rose Hill (Cemetery / Crematory)

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| | | |
|---|---|---|
| Complete Funeral | $ 100 | 50 |
| Casket Grey | | |
| Metallic Lining | | |
| Outside Box Pine (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ✓ with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ (State Color) Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from Home | | |
| Taking Remains to Chapel | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| 1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| line Death Notices in Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance | $ 100 | 50 |
| Entered into Ledger, page or below. | | |

| To Funeral Charges | Total, $ | By Cash | $ |
|---|---|---|---|
| | | Paid | |

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness Address

Total No. ..............
Name of Deceased. Bro
Residence of Deceased
Charge to. Mr. Davis
Address. 289 New
Order given by..
How Secured
Occupation of Deceased
Name of Employer
Date of Death. Feb.
Date of Birth.
Age. ....... 9 (Years)
Date of Funeral. Feb. (Date)
Services at
Clergyman
His Address
Religion of the Deceased
Resided in the State
Place of Death
Cause of Death
Contributory Causes
Certifying Physician
His Address
Name of Father
His Birthplace
Maiden Name of Mother
Her Birthplace
Motor / Ship } Remains to
Size and Style of Casket
Manufactured by
Interment at Evergreen

Diagram of Lot or Vault

To Funeral

Insurance, $
Names of Insurance Com
We hereby authorize the

# RECORD OF FUNERAL

Total No. ............ Yearly No. 1 ............ Date March

Name of Deceased Hezekiah Saunders (Single—Married—Divorced) Colored (What Race) Male

Residence of Deceased 206 Livingston St.

Husband—Wife—Widow—

Charge to [illegible]

Address [illegible]

Order given by Mary Saunders (Relationship)

How Secured

Occupation of Deceased Minister

Name of Employer

Address

Date of Death April 1 (Date) 1938 (Hour)

Date of Birth Oct. 12, 1864

Age 73 (Years) 7 (Months) 20 (Days)

Date of Funeral (Date) (Day of Week) (Hour) M

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State ... in U. S. ... in City or County (Years) (Months)

Place of Death 206 Livingston St.

Cause of Death

Contributory Causes

Certifying Physician Dr. Thomas Bell (or Coroner)

His Address

Name of Father Arzon Saunders

His Birthplace Unknown

Maiden Name of Mother "

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Rosehill (Cemetery / Crematory)

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral $

Casket Gray

Metalic Lining (State Kind)

Outside Box Pine (State Kind)

Burial Vault (State Kind)

Embalming Body ✓ with ... Fluid

Barber, $ ... Hair Dressing, $

Dressing Body

Underwear, $ ... Hose, $

Suit or Dress, $ ... Slippers, $ (State Color)

Folding Chairs, $ ... Tarpaulin, $

Candelabrum, $ ... Candles, $

Door Spray, $ ... Gloves, $

Funeral Car, $ ... Ambulance, $

Limousines to Cemetery @ $

Autos to R. R. Station @ $

Getting Remains from Home

Taking Remains to Chapel

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, $ ... Use of Chapel, $

Personal Service

Outlay for Lot

Cremation

line Death Notices in ... Papers (Names of Newspapers)

Flowers, $ ... Palms, $ ... Matting, $

Rental of Tent, $ ... of Temporary Vault, $

Opening of Grave or Tomb

Lining Grave, $ ... Lowering Device, $

Outlay for Shipping Charges

Clergyman, $ ... Singers, $ ... Organist, $

Railroad or Motor } Tickets, $ ... Aero-plane Service, $

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Sales Tax

Total Footing of Bill $

Less $

Balance $

Entered into Ledger, page ... or below.

To Funeral Charges ... Total, $

By Cash $

Paid

Insurance $ ... Name of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral ...) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest at maturity at the rate of 6% per annum.

Signed

Witness ... Address

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

...27 1935
...rion County ...

| | | |
|---|---|---|
| $ | 100 | 50 |
| $ | 100 | 60 |

...Interest to accrue from



Total No......

Name of Dece...

Residence of De...

Charge to M...

Address 2 8...

Order given by...

How Secured...

Occupation of...

Name of Empl...

Date of Death...

Date of Birth...

Age

Date of Funer...

Services at ...

Clergyman...

His Address ...

Religion of th...

Resided in the...

Place of Deat...

Cause of Dea...

Contributory...

Certifying Ph...

His Address

Name of Fat...

His Birthpla...

Maiden Nam...

Her Birthpla...

Motor / Step } Rem...

Size and Sty...

Manufacture...

Interment a...

Insurance, ...

Names of ...

We hereby...

# RECORD OF FUNERAL

Total No. ........ Yearly No. 1 ... Date. ...

Name of Deceased Hezekiah Saunders (Single—Married—Divorced) Colored

Residence of Deceased 206 Livingston St. Husband—Wife—Widow

Charge to ...

Address ...

Order given by Mary Saunders (or Relation)

Hou Secured ...

Occupation of Deceased Minister

Name of Employer ...

Address ...

Date of Death April ... 1938 (Date) (Hour)

Date of Birth Oct. 12, 1864

Age 73 (Years) 7 (Months) 20 (Days)

Date of Funeral ... (Date) (Day of Week) (Hour)

Services at ...

Clergyman ...

His Address ...

Religion of the Deceased ...

Resided in the State ...

Place of Death 206 Livingston St.

Cause of Death ...

Contributory Causes ...

Certifying Physician, Dr. Thomas Bell (or Coroner)

His Address ...

Name of Father Arzon Saunders

His Birthplace unknown

Maiden Name of Mother "

Her Birthplace ...

Motor / Ship } Remains to ...

Size and Style of Casket ... (State Color)

Manufactured by ...

Interment at Rose Hill { Cemetery / Crematory

Diagram of Lot or Vault

Lot No. ...

Grave No. ...

Section No. ...

Owner ...

Complete Funeral ...

Casket Gray ...

Metallic Lining ...

Outside Box Pine ...

Burial Vault ...

Embalming Body ✓ with ...

Barber, $ ... Hair Dr...

Dressing Body ...

Underwear, $ ...

Suit or Dress, $ ...

Folding Chairs, $ ... Tarpa...

Candelabrum, $ ... Candl...

Door Spray, $ ... Glove...

Funeral Car, $ ... Ambul...

Limousine to Cemetery ...

Autos to R. R. Station ...

Getting Remains from ...

Taking Remains to ...

Trip to Coroner's Inquest ...

Delivering Box to ...

Deliver Flowers to ...

Removal Charges ...

Securing Burial Permit ...

1 Certif. Copies of Death Certi...

Pall Bearer Service, $ ... Use ...

Personal Service ...

Outlay for Lot ...

Cremation ...

... line Death Notices in ...

Flowers, $ ... Palms, $ ...

Rental of Tent, $ ... of Tempo...

Opening of Grave or Tomb ...

Lining Grave, $ ... Lowerin...

Outlay for Shipping Charges ...

Clergyman, $ ... Singers, $ ...

Railroad or Motor } Tickets, $ ...

Teleg., Phone, Cable or Radio ...

Cash Advanced ...

Out of town Undertaker's Cha...

Sales Tax ...

Total Footing of Bill ...

Less ...

Balance ...

Entered into Ledger, page ...

To Funeral Charges ... Total, $ ...

By Cash

Paid

Insurance $ ... Names of Lodges ... Insurance Companies ...

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... maturity at the rate of 6% per annum.

Signed ...

Witness ... Address ...

March 27 1938
Marion County
(Where Born)

| | $ 100 | 50 |
|---|---|---|
| Field | | |
| Dressing, $ | | |
| Hose, $ | | |
| Slippers, $ | | |
| rpaulin, $ | | |
| ndles, $ | | |
| oves, $ | | |
| bulance, $ | | |
| @ $ | | |
| @ $ | | |
| Chapel | | |
| Certificate No. | | |
| se of Chapel, $ | | |
| Papers | | |
| Mailing, $ | | |
| porary Vault, $ | | |
| ring Device, $ | | |
| Organist, $ | | |
| Auto-plane Service, $ | | |
| dio Charges | | |
| Charges | | |
| nce | $ 100 | 50 |
| or below. | | |

(Firm Name of Funeral Director.)
days from date. Interest to accrue from

# RECORD OF FUN

Total No. ........ Yearly No. 1

Name of Deceased Hezekiah Saunders (Single—Married—Divorced)

Residence of Deceased 206 Livingston st.

Charge to [illegible]

Address [illegible]

Order given by Mary Saunders (or Informant)

How Secured

Occupation of Deceased Minister

Name of Employer

Address

Date of Death Jan. 1 (Date) 1934 (Hour)

Date of Birth Oct. 12, 1864

Age 73 (Years) 2 (Months) 20 (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State

Place of Death 206 Livingston st.

Cause of Death

Contributory Causes

Certifying Physician Dr. Thomas Bell (or Coroner)

His Address

Name of Father Arron Saunders

His Birthplace Unknown

Maiden Name of Mother "

Her Birthplace

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Rose Hill { Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Complete Fune
Casket
Metalic Lining
Outside Box
Burial Vault
Embalming
Barber, $
Dressing Body
Underwear, $
Suit or Dress
Folding Chairs
Candelabrum
Door Spray, $
Funeral Car, $
Limousines to
Autos to R. R.
Getting Remains
Taking Remains
Trip to Corone
Delivering Box
Deliver Flower
Removal Charge
Procuring Buri
Certif. Copie
Pall Bearer Se
Personal Servic
Outlay for Lot
Cremation
... line Death
Flowers, $
Rental of Tent
Opening of Gr
Lining Grave
Outlay for Ship
Clergyman, $
Railroad or Motor } Ticket
Telegr., Phone
Cash Advance
Out of town
Sales Tax
Total Footing
Less
Entered Into

To Funeral Charges.... Total, $

Insurance $ ........ Names of Lodges ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources L...
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... maturity at the rate of 6% per annum.

Signed

Witness ........ Address

Compiled by F. J. PEINEMAN, St. Louis,

## NERAL

Date. *March 27* 1931

*Colored Marion County* (When Born) (Where Born)

usband—Wife—Widow

| | | |
|---|---|---|
| uneral | $ | *100* *50* |
| *May* | | |
| ing | | |
| *Pine* (State Kind) | | |
| (State Kind) | | |
| Body ✓ with (State Kind) Fluid | | |
| Hair Dressing, $ | | |
| ody | | |
| $ Hose, $ | | |
| s, $ Slippers, $ | | |
| airs, $ Tarpaulin, $ | | |
| n, $ Candles, $ | | |
| , $ Gloves, $ | | |
| y, $ Ambulance, $ | | |
| to Cemetery @ $ | | |
| R. Station @ $ | | |
| mains from *Home* | | |
| mains to *Chapel* | | |
| oner's Inquest | | |
| Box to | | |
| wers to | | |
| harges | | |
| Burial Permit | | |
| opies of Death Certificates No. (Date Number and District) | | |
| Service, $ Use of Chapel, $ (State Physician's or Coroner's) | | |
| rvice | | |
| Lot | | |
| ath Notices in Papers (Names of Newspapers) | | |
| Palms, $ Matting, $ | | |
| ent, $ of Temporary Vault, $ | | |
| Grave or Tomb. | | |
| e, $ Lowering Device, $ | | |
| Shipping Charges | | |
| $ Singers, $ Organist, $ | | |
| kets, $ Aero-plane Service, $ | | |
| one, Cable or Radio Charges | | |
| nced | | |
| n Undertaker's Charges | | |
| ng of Bill | $ | |
| | $ | |
| Balance | $ | *100.* *50.* |

o Ledger, page ... or below.

By Cash $

*Paid*

Insurance Companies

e Legally available to (Firm Name of Funeral Director)

n ... days from date. Interest to accrue from

ned

dress

ouis, Mo.

# RECOR

Total No. .................. Yearly No.

Name of Deceased Hezekiah Sa

Residence of Deceased 206 Lexin

Charge to Esseu county ...

Address .....

Order given by Mary Saunders

How Secured

Occupation of Deceased Minister

Name of Employer

Address

Date of Death Jan. 1 19

Date of Birth Oct. 13, 1864

Age 73 (Years) 2 (Months) 20 (Days)

Date of Funeral (Date) (Day of Week)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State

Place of Death 206 Lexington St

Cause of Death

Contributory Causes

Certifying Physician Dr. Thomas

His Address

Name of Father Arron Saunde

His Birthplace Tuckahoe

Maiden Name of Mother "

Her Birthplace

Motor Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Rosehill

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Tomb

To Funeral Charges ....Total, $

Insurance $ ........ Name of Lodge ....

I hereby authorize the above Funeral, and I hereby represent

for the payment of aforesaid sum, and I hereby covenant and ... maturity at the rate of 6% per annum.

## ...RD OF FUNERAL

No. 1 — Date March 27, 1931

Colored (White Race) — Marion County, Va. (Where Born)

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 100 | 50 |
| Casket Grey | | |
| Metallic Lining | | |
| Outside Box Pine (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ✓ with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ Slippers, $ (State Color) | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from Home | | |
| Taking Remains to Chapel | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| ✓ Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| line Death Notices in Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance | $ 100 | 50 |

Entered into Ledger, page ... or below.

By Cash — Paid

{ Cemetery / Crematory

Insurance Company

...that I have sufficient resources Legally available to ... (Firm Name of Funeral Director) ... and agree to pay the same within ... days from date. Interest to accrue from

Signed

Address

# RECORD OF FUNERAL

Total No. ............ Yearly No. ........ Date ................ 19....

Name of Deceased ................ (Single or Married — Divorced) ........ (When Born) ........ (Where Born)

Residence of Deceased ................ (Husband — Wife — Widow) ................

Charge to ................

Address ................

Order given by ................ (See Affidavit)

How Secured ................

Occupation of Deceased ................

Name of Employer ................

Address ................

Date of Death ................ (Hour)

Date of Birth ................

Age 33 (Years) ........ (Months) ........ (Days)

Date of Funeral ........ (Date) ........ (Day of Week) ........ Hour ........ M

Services at ................

Clergyman ................

His Address ................

Religion of the Deceased ................

Resided in the State ........ in U. S. or City or County ........ (Years) ........ (Months)

Place of Death ................

Cause of Death ................

Contributory Causes ................

Certifying Physician ................ (or Coroner)

His Address ................

Name of Father ................

His Birthplace ................

Maiden Name of Mother ................

Her Birthplace ................

Motor / Ship } Remains to ................

Size and Style of Casket ................ (State Color)

Manufactured by ................ { Cemetery / Crematory

Interment at ................

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

(Diagram of Lot or Vault)

| Item | $ |
|---|---|
| Complete Funeral | 170 |
| Casket ........ | |
| Metallic Lining ........ (State Kind) | |
| Outside Box ........ (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body ........ with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body ........ | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ Slippers, $ (State Color) | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from ........ | |
| Taking Remains to ........ | |
| Trip to Coroner's Inquest | |
| Delivering Box to ........ | |
| Deliver Flowers to ........ | |
| Removal Charges ........ | |
| Procuring Burial Permit (State Number and District) | |
| ....Certif. Copies of Death Certificates No. ........ (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service ........ | |
| Outlay for Lot ........ | |
| Cremation ........ | |
| ...... Death Notices in ........ Papers ........ (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb ........ | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges ........ | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced ........ | |
| Out of town Undertaker's Charges | |
| Sales Tax ........ | |
| Total Footing of Bill ........ | |
| Less ........ | |
| Balance ........ | |
| Entered into Ledger, page ........ or below | |

To Funeral Charges ........ Total $ ........ By Cash ........

Insurance $ ........ Name of Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ........ for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ yearly at the rate of ........% per annum ........ from ........ days after date ........ Interest to accrue from

Signed ................

Witness ........ Address ........

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 3 Date ............ 19..

...ased ............ (Single—Married—Divorced) ............ (What Race) ............ (Where Born)

...ceased ............ Husband—Wife—Widow ............

...Deceased ............

...ver ............

...Deceased ............

...tate ............ (or U. S. or City or County) (Years) (Months)

...ans ............

...cian ............ (or Coroner)

...f Mother ............

...f Casket ............ (State Color)

............ (Cemetery / Crematory)

Lot No. 2..5

Grave No. 1

Section No. ............

Owner M. K. White

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 240 | — |
| Casket (State Kind) | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ........ with ........ Fluid | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ ........ (State Color) Slippers, $ | | |
| Folding Chairs, $ ........ Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery ........ @ $ | 10 | — |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| ... Certif. Copies of Death Certificates No. ........ (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| ... Lns Death Notices in 1 Paper — Newk Eve. News (Name of Newspaper) | 10 | 20 |
| Flowers, $ ........ Palms, $ ........ Matting, $ | | |
| Rental of Tent, $ ........ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ........ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Steamer Tickets, $ ........ Aeroplane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | 10 | — |
| Sales Tax | | |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance | $ 322 | 20 |

Entered into Ledger, page ........ or below.

To Funeral Charges ........ Total, $ ........ Cash ........ By Cash ........ $

Names of Lodges ............ Insurance Companies ............

...the above Funeral, and I hereby represent that I have sufficient resources Legally available to ............ (Firm Name of Funeral Directors)

...aforesaid sum, and I hereby covenant and agree to pay the same within ............ days from date. Interest to accrue from ...e of 6% per annum.

Signed ............

Address ............

# RECORD OF FUNERAL

Total No. ................ Yearly No. ........ Date ................ 19....

Name of Deceased ................ (Single – Married – Divorced) ................ (What Race) ................ (Where Born)

Residence of Deceased ................ Husband – Wife – Widow: Wife

Charge to ................

Address ................

Order given by ................ (or Informant)

How Secured ................

Occupation of Deceased ................

Name of Employer ................

Address ................

Date of Death ................ (Date) ................ (Hour)

Date of Birth ................

Age ........ (Years) ........ (Months) ........ (Days)

Date of Funeral ........ (Date) ........ (Day of Week) ........ Hour

Services at ................

Clergyman ................

His Address ................

Religion of the Deceased ................

Resided in the State ........ (Years) in U. S. or City or County

Place of Death ................

Cause of Death ................

Contributory Causes ................

Certifying Physician ................ (or Coroner)

His Address ................

Name of Father ................

His Birthplace ................

Maiden Name of Mother ................

Her Birthplace ................

Motor / Ship } Remains to ................

Size and Style of Casket ................ (State Color)

Manufactured by ................

Interment at Rockhill { Cemetery / Crematory

Lot No. ................

Grave No. ................

Section No. ................

Owner ................

Diagram of Lot or Grave

| Item | $ |
|---|---|
| Complete Funeral | 170 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ...... with (State Kind) ...... Fluid | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ ...... Slippers, $ | |
| Folding Chairs, $ ...... (State Color) Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousines to Cemetery ...... @ $ | |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Delivering Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ...... Ins Death Notices in ...... Papers (Names of Newspapers) | |
| Flowers, $ 9 ...... Palms, $ ...... Matting, $ | 9 |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ...... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor } Tickets, $ ...... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | |
| Less | |
| Balance | |

Entered into Ledger, page ...... or below.

| To Funeral Charges ...... Total, $ | | By Cash ...... $ |
|---|---|---|
| | | |

Insurance $ ................ Names of Lodges ................ Insurance Companies ................

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue ...... and ...... at the rate of 6% per annum.

Signed ................

Witness ................ Address ................

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 3 ...... Date ...... 19...

Name of Deceased ......

Residence of Deceased ......

Charge to ......

Address ......

Order given by ......

How Secured ......

Occupation of Deceased ......

Name of Employer ......

Address ......

Date of Death ......

Date of Birth ......

Age ......

Date of Funeral ......

Services at ......

Clergyman ......

His Address ......

Religion of the Deceased ......

Resided in the State ......

Place of Death ......

Cause of Death ......

Contributory Causes ......

Certifying Physician ......

His Address ......

Name of Father ......

His Birthplace ......

Maiden Name of Mother ......

Her Birthplace ......

Body Remains to ......

Size and Style of Casket ......

Manufactured by ......

Interment at ...... Cemetery (Crematory)

Lot No. ......

Grave No. 1 ......

Section No. ......

Owner ......

Complete Funeral ...... $ 240

Casket ......
Metallic Lining ......
Outside Box ......
Burial Vault ......
Embalming Body ......
Barber, $ ...... Hair Dressing, $ ......
Dressing Body ......
Underwear, $ ...... Hose, $ ......
Suit or Dress, $ ...... Slippers, $ ......
Folding Chairs, $ ...... Tarpaulin, $ ......
Candelabrum, $ ...... Candles, $ ......
Door Spray, $ ...... Gloves, $ ......
Funeral Car, $ ...... Ambulance, $ ......
Limousines to Cemetery ...... @ $ ...... 12
Autos to R. R. Station ...... @ $ ......
Getting Remains from ......
Trip to Coroner's Inquest ......
Delivering Box to ......
Deliver Flowers to ......
Removal Charges ......
Procuring Burial Permit ......
Certif. Copies of Death Certificate ......
Pall Bearer Service, $ ...... Use of Chapel, $ ......
Personal Service ......
Outlay for Lot ......
Cremation ......
Death Notices in ...... Paper ...... 13.20
Flowers, $ ...... Palms, $ ...... Matting, $ ......
Rental of Tent, $ ...... of Temporary Vault, $ ......
Opening of Grave or Tomb ......
Lining Grave, $ ...... Lowering Device, $ ......
Outlay for Shipping Charges ......
Clergyman, $ ...... Singers, $ ...... Organist, $ ......
Railroad or Music Tickets, $ ...... Music Service, $ ......
Teleg., Phone, Cable or Radio Charges ......
Cash Advanced ......
Out of town Undertaker's Charges ...... 10
Sales Tax ......

Total Footing of Bill ......
Less ......
Balance ...... $ 322 20

Entered into Ledger, page ...... or below.

To Funeral Charges ...... Total, $ ...... By Cash ......

Paid

Insurance $ ...... Names of Lodges ...... Insurance Companies ......

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ......

Witness ...... Address ......

# RECORD OF FUNERAL

Total No. .......... Yearly No. ..5.. Date .......... 19..

Name of Deceased .......... (Single — Married — Divorced) .......... (What Race) .......... (Where Born)

Residence of Deceased .......... Husband—Wife—Widow—

Charge to ..........

Address ..........

Order given by .......... (or informant)

How Secured ..........

Occupation of Deceased ..........

Name of Employer ..........

Address ..........

Date of Death .......... (Date) .......... (Hour)

Date of Birth June 3rd 1920

Age 10 (Years) .......... (Months) .......... (Days)

Date of Funeral 1-19-38 Wed 1 P. M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman ..........

His Address ..........

Religion of the Deceased ..........

Resided in the State .......... (or U.S. or City or County) (Years) (Months)

Place of Death ..........

Cause of Death ..........

Contributory Causes ..........

Certifying Physician .......... (or Coroner)

His Address ..........

Name of Father ..........

His Birthplace N. C.

Maiden Name of Mother ..........

Her Birthplace N. C.

Ship Remains to ..........

Size and Style of Casket 5' Couch .......... (State Color)

Manufactured by .......... Co.

Interment at Rockhill .......... Cemetery / Crematory

Diagram of Lot or Vault: .......... 3/31/39

Lot No. ..........

Grave No. 158

Section No. 24

Owner ..........

| Item | $ |
| --- | --- |
| Complete Funeral | .......... |
| Casket .......... | |
| Metallic Lining .......... | |
| Outside Box .......... (State Kind) | |
| Burial Vault .......... (State Kind) | |
| Embalming Body .......... with .......... (State Kind) Fluid | |
| Barber, $ .......... Hair Dressing, $ | |
| Dressing Body .......... | |
| Underwear, $ .......... Hose, $ | |
| Suit or Dress, $ .......... Slippers, $ (State Color) | |
| Folding Chairs, $ .......... Tarpaulin, $ | |
| Candelabrum, $ .......... Candles, $ | |
| Door Spray, $ .......... Gloves, $ | |
| Funeral Car, $ .......... Ambulance, $ | |
| Limousines to Cemetery .......... @ $ | |
| Autos to R. R. Station .......... @ $ | |
| Getting Remains from .......... | |
| Taking Remains to .......... | |
| Trip to Coroner's Inquest | |
| Delivering Box to .......... | |
| Deliver Flowers to .......... | |
| Removal Charges .......... | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificate No. .......... (State Physician's or Coroner's) | |
| Pall Bearer Service, $ .......... Use of Chapel, $ | |
| Personal Service .......... | |
| Outlay for Lot .......... | |
| Cremation .......... | 25 |
| line Death Notices in .......... Papers (Names of Newspapers) | |
| Flowers, $ .......... Palms, $ .......... Matting, $ | 3 |
| Rental of Tent, $ .......... of Temporary Vault, $ | |
| Opening of Grave or Tomb .......... | |
| Lining Grave, $ .......... Lowering Device, $ | |
| Outlay for Shipping Charges .......... | |
| Clergyman, $ .......... Singers, $ .......... Organist, $ | |
| Railroad or Motor Tickets, $ .......... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced .......... | |
| Out of town Undertaker's Charges .......... | |
| Sales Tax .......... | |
| Total Footing of Bill .......... | 140 |
| Less .......... | |
| Balance .......... | 140 |

Entered into Ledger, page .......... or below.

| To Funeral Charges .......... Total, $ | By Cash | $ |
| --- | --- | --- |
| | .......... 27, 1938 | |

Insurance $ 234.76 Names of Lodges ..........

Insurance Companies: Met. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..........
(Firm Name of Funeral Director.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .......... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ..........

Witness .......... Address ..........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. ............ Date ............

Name of Deceased ............ (Single—Married—Divorced) ............ (What Race) ............ (What Sex)

Residence of Deceased ............ Husband—Wife—Widow— ............

Charge to ............

Address ............

Order given by ............ (or Address)

How Secured ............

Occupation of Deceased ............

Name of Employer ............

Address ............

Date of Death ............ (Hour)

Date of Birth Mar. 25th 1888

Age 35 (Years) ............ (Months) ............ (Days)

Date of Funeral ............ (Date) ............ (Day of Week) ............ (Hour)

Services at ............

Clergyman ............

His Address ............

Religion of the Deceased ............

Resided in the State ............ (U. S. or City or Country) (Years) (Months)

Place of Death ............

Cause of Death ............

Contributory Causes ............

Certifying Physician ............ (1st Cause)

His Address ............

Name of Father ............

His Birthplace ............

Maiden Name of Mother ............

Her Birthplace ............

Motor / Ship } Remains to ............

Size and Style of Casket ............ (Shade Color)

Manufactured by ............

Interment at Rosehill ............ { Cemetery / Mausoleum }

Lot No. ............

Grave No. ............

Section No. ............

Owner ............

(Purpose of Lot or Vault)

Complete Funeral ............ $

Casket ............

Metallic Lining ............

Outside Box ............ (State Kind)

Burial Vault ............ (State Kind)

Embalming Body ............ with ............ (State Kind) Fluid

Barber, $ ............ Hair Dressing, $

Dressing Body ............

Underwear, $ ............ Hose, $

Suit or Dress, $ ............ Slippers, $

Folding Chairs, $ ............ (State Cost) Tarpaulin, $

Candelabrum, $ ............ Candles, $

Door Spray, $ ............ Gloves, $

Funeral Car, $ ............ Ambulance, $

Limousines to Cemetery ............ @ $

Autos to R. R. Station ............ @ $

Getting Remains from ............

Taking Remains to ............

Trip to Coroner's Inquest

Delivering Box to ............

Deliver Flowers to ............

Removal Charges ............

Procuring Burial Permit ............ (State Number and District)

Certif. Copies of Death Certificates No. ............ (State Physician's or Coroner's)

Pall Bearer Service, $ ............ Use of Chapel, $

Personal Service ............

Outlay for Lot Rosehill ............

Cremation ............

............ line Death Notices in ............ Papers

Flowers, $ 4 ............ (Name of Florist) ............ Palms, $ ............ Matting, $

Rental of Tent, $ ............ of Temporary Vault, $

Opening of Grave or Tomb ............

............ Grave, $ ............ Lowering Device, $

Outlay for Shipping Charges ............

Clergyman, $ ............ Singers, $ ............ Organist, $

Railroad / or Motor } Tickets, $ ............ Aeroplane Service, $

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Sales Tax ............

Total Footing of Bill ............ $

Less ............ $

Balance ............ $

Entered into Ledger, page ............ or below

| | To Funeral Charges ...... Total, $ | | | | By Cash ............ $ |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Insurance $ ............ Name of Lodge ............ Insurance Companies ............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ............ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ............ days from date. Interest after maturity at the rate of 6% per annum.

Signed ............

Witness ............ Address ............

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 4 ............ Date ............ 19....

Name of Deceased [illegible] (Single – Married – Divorced) ............ (What Race) (Where Born)

Residence of Deceased ............ Alice [illegible]

Charge to Mrs. Bessie Walker

Address 63 Montgomery St. 2nd fl. left

Order given by Mrs. Bessie Walker (or Informant)

How Secured [illegible]

Occupation of Deceased unemployed

Name of Employer

Address

Date of Death [illegible] 20 1931 (Date) 12.15 P. (Hour)

Date of Birth [illegible]

Age 72 (Years) (Months) (Days)

Date of Funeral 1. 24. 31 (Date) [illegible] (Day of Week) (Hour)

Services at [illegible]

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or Country) (Years) (Months)

Place of Death

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father [illegible]

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | |
| Casket | |
| Metallic Lining (Grade Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (Name Kind) | |
| Embalming Body ...... with ...... Fluid | 20 — |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ (State Color) ...... Slippers, $ | |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousines to Cemetery ...... @ $ | |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| line Death Notices in ...... Papers (Names of Newspapers) | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ...... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor } Tickets, $ ...... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | |
| Less | |
| Balance | 20 |

Entered into Ledger, page ...... or below.

To Funeral Charges ...... Total, $ [illegible]

By Cash $

Insurance $ ...... Names of Lodges ...... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... First Name of Person [illegible]

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest [illegible] accrue from maturity at the rate of 6% per annum.

Signed

Witness ...... Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. ......5...... Date ............ 19...

...ecensed ...... (Single — Married — Divorced)

...Deceased ......

... Deceased ......

...loyer ......

... 17th ...

... June 3rd 1928

... 10 (Years) ...... (Months) 12 (Days)

...al 1-19-38 (Date) Wed (Day of Week) 1 P.M. (Hour)

...Deceased

... State ...... (or U.S. or City or County) ...... (Years) ...... (Months)

...Causes

...sician ...... (or Coroner)

...of Mother ......

...s to ......

...of Casket 5' ...... (State Color)

...by ......

...Rosehill ...... (Cemetery / Crematory)

Lot No. ......

Grave No. 10 B

Section No. 24

Owner ......

| Item | Amount |
|---|---|
| Complete Funeral | 142 |
| Casket ...... | |
| Metallic Lining ...... | |
| Outside Box ...... (State Kind) | |
| Burial Vault ...... (State Kind) | |
| Embalming Body ...... with ...... (State Kind) Fluid | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body ...... | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ ...... (State Color) Slippers, $ | |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousines to Cemetery ...... @ $ | |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from ...... | |
| Taking Remains to ...... | |
| Trip to Coroner's Inquest ...... | |
| Delivering Box to ...... | |
| Deliver Flowers to ...... | |
| Removal Charges ...... | |
| Procuring Burial Permit ...... | |
| ... Certif. Copies of Death Certificates No. ...... (State Number and District) (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service ...... | |
| Outlay for Lot ...... | |
| Cremation | 25 |
| ...... line Death Notices in ...... Papers (Names of Newspapers) | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | 3 |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb ...... | |
| Lining Grave, $ ...... Lowering Device, $ | |
| Outlay for Shipping Charges ...... | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor Tickets, $ ...... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges ...... | |
| Cash Advanced ...... | |
| Out of town Undertaker's Charges ...... | |
| Sales Tax ...... | |
| Total Footing of Bill ...... | $ 170 |
| Less ...... | $ |
| Balance ...... | $ 170 |

Entered into Ledger, page ...... or below.

To Funeral Charges ...... Total $ ...... By Cash $ ......

Paid ...... 1938

Names of Lodges ...... Insurance Companies ......

...the above Funeral, and I hereby represent that I have sufficient resources legally available to ...... (State Name of Funeral Director) ...... days from date. Interest to accrue from ...... aforesaid sum, and I hereby covenant and agree to pay the same within ...... of 8% per annum.

Signed ......

Address ......

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 4 Date ........ 19....

Name of Deceased ........ (Single — Married — Divorced) ........ (Wife's Name) ........ (Widow's Name) Alice Green

Residence of Deceased ........

Charge to Mrs. Bessie Walker

Address ........

Order given by Mrs. Bessie Walker

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death ........ 1931 (Date) ........ (Hour)

Date of Birth ........

Age 72 (Years) (Months) (Days)

Date of Funeral 1-24-31 (Date) ........ (Day of Week) ........ (Hour)

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ or U.S. or City or County (Years) (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician Chief Med. Ex. (1st Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Motor / Ship } Remains to ........

Size and Style of Casket ........ (State Color)

Manufactured by ........

Interment at ........ (Cemetery / Crematory)

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

(Position of Lot or Tomb)

| Item | $ | |
|---|---|---|
| Complete Funeral | | |
| Casket | | |
| Metallic Lining ........ (State Kind) | | |
| Outside Box ........ (State Kind) | | |
| Burial Vault ........ (State Kind) | | |
| Embalming Body ........ with ........ Fluid | 20 | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ ........ Slippers, $ (State Color) | | |
| Folding Chairs, $ ........ Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery ........ @ $ | | |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Where and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| ........ line Death Notices in ........ Papers (Names of Newspapers) | | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | | |
| Rental of Tent, $ ........ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ........ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Motor } Tickets, $ ........ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | | |
| Less | | |
| Balance | | |

Entered into Ledger, page ........ or below.

| To Funeral Charges.... Total, $ | By Cash | $ |
|---|---|---|
| | | |

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient currents Legally available to (First Name of Funeral Director) ........ days from date. Interest to accrue for the payment of aforesaid sum, and I hereby promise and agree to pay the same within ........ maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

# RECORD OF FUNERAL

Total No. ........ Yearly No. ........ Date ........ 19..

Name of Deceased ........ (Single—Married—Divorced) (Husband—Wife—Widow) (When Born) (Where Born)

Residence of Deceased ........

Charge to ........

Address ........

Order given by ........ (or informant)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death ........ (Date) (Hour)

Date of Birth ........ 1927

Age 10 (Years) (Months) 12 (Days)

Date of Funeral 1-19-38 Wed. ........ (Date) (Day of Week) (Hour)

Services at ........ Home

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (in U.S. in City or County) (Years) (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Motor / Ship } Remains to ........

Size and Style of Casket 5' Couch ........ (Trade Code)

Manufactured by ........ Co.

Interment at ........ (Cemetery / Crematory)

Lot No. ........

Grave No. 108

Section No. 24

Owner ........

Diagram of Lot or Vault

........ 3/31/39

| | |
|---|---|
| Complete Funeral | $ 1[illegible] |
| Casket ........ | |
| Metallic Lining ........ | |
| Outside Box ........ (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body ........ with ........ (State Kind) Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body ........ | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ Slippers, $ | |
| Folding Chairs, $ ........ (State Color) Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from ........ | |
| Taking Remains to ........ | |
| Trip to Coroner's Inquest | |
| Delivering Box to ........ | |
| Deliver Flowers to ........ | |
| Removal Charges | |
| Procuring Burial Permit ........ (State Number and District) | |
| ....Certif. Copies of Death Certificates No. ........ (Word Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service ........ | |
| Outlay for Lot. | |
| Cremation | 22 |
| ....line Death Notices in ........ Papers | |
| Flowers, $ ........ (Names of Newspapers) Palms, $ ........ Matting, $ | [illegible] |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb ........ | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges ........ | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges ........ | |
| Cash Advanced ........ | |
| Out of town Undertaker's Charges | |
| Sales Tax ........ | |
| Total Footing of Bill | $ 14[illegible] |
| Less | $ |
| Balance | $ 1[illegible] |
| Entered into Ledger, page ........ or below. | |

| To Funeral Charges | Total, $ | By Cash | $ |
|---|---|---|---|
| | | ........ 27, ........ | |

Insurance $ 254.76 Name of Lodge ........ Insurance Company ........ Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ........ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FRENSMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. .................... Yearly No. ....6...... Date ...................19....

Name of Deceased ........................ (Single — Married — Widowed) ........ (What Race) ........ (Where Born)

Residence of Deceased ........................ Husband — Wife — Widow ........

Charge to ........................

Address ........................

Order given by ........................ (or Informant)

How Secured ........................

Occupation of Deceased ........................

Name of Employer ........................

Address ........................

Date of Death ........................ (Date) ........ (Hour)

Date of Birth ........................

Age ........ (Years) ........ (Months) ........ (Days)

Date of Funeral ........ (Date) ........ (Day of Week) ........ (Hour)

Services at ........................

Clergyman ........................

His Address ........................

Religion of the Deceased ........................

Resided in the State ........ (or U. S. or City or County) ........ (Years) ........ (Months)

Place of Death ........................

Cause of Death ........................

Contributory Causes ........................

Certifying Physician ........................ (or Coroner)

His Address ........................

Name of Father ........................

His Birthplace ........................

Maiden Name of Mother ........................

Her Birthplace ........................

Motor / Ship } Remains to ........................

Size and Style of Casket ........................ (Shade Color)

Manufactured by ........................

Interment at ........................ { Cemetery / Crematory

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

Diagram of Lot or Vault

| | |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining | |
| Outside Box ........ (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body ........ with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ (State Color) Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit ........ (State Number and District) | |
| Certif. Copies of Death Certificate No. ........ (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ........ the Death Notices in ........ Papers ........ (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ 431.00 |
| Entered into Ledger, page ........ or below. | |

| To Funeral Charges ........ Total, $ | By Cash | $ |
|---|---|---|

Insurance $ ........ Name of Lodge ........ Insurance Company ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEDERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 7 Date March 29 1938

…ased Albert Joseph …

…ence 407 Meeker street

…llace Co. … Springfield, …

… Valley street, St. … (or informant)

…eceased …

…er …

Jan. (Date) 1938 (Year)

(Month) (Day)

…eceased

… Overbrook Hospital, …

…nan (or Coroner)

Mother …

Casket … (State Color)

… Rosehill Cemetery (Cemetery / Crematory)

Lot No. …

Grave No. 142

Section No. 24

Owner …

| Item | Amount |
|---|---|
| Complete Funeral | $ 100 — |
| Casket Cut top square grey | |
| Metallic Lining (State Kind) | |
| Outside Box Top box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body … with … Fluid | |
| Barber, $ … Hair Dressing, $ … | |
| Dressing Body | |
| Underwear, $ … Hose, $ … | |
| Suit or Dress, $ … (State Color) Slippers, $ … | |
| Folding Chairs, $ … Tarpaulin, $ … | |
| Candelabrum, $ … Candles, $ … | |
| Door Spray, $ … Gloves, $ … | |
| Funeral Car, $ … Ambulance, $ … | |
| Limousines to Cemetery … @ $ … | |
| Autos to R. R. Station … @ $ … | |
| Getting Remains from … | |
| Taking Remains to … | |
| Trip to Coroner's Inquest | |
| Delivering Box to … | |
| Deliver Flowers to … | |
| Removal Charges … | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. … (From Physician's or Coroner's) | |
| Pall Bearer Service, $ … Use of Chapel, $ … | |
| Personal Service … | |
| Outlay for Lot … | 25 — |
| Cremation … | |
| Line Death Notices in … Papers (Name of Newspapers) | |
| Flowers, $ … Palms, $ … Matting, $ … | |
| Rental of Tent, $ … of Temporary Vault, $ … | |
| Opening of Grave or Tomb … | |
| Lining Grave, $ … Lowering Device, $ … | |
| Outlay for Shipping Charges … | |
| Clergyman, $ … Singers, $ … Organist, $ … | |
| Railroad or Motor Tickets, $ … Aeroplane Service, $ … | |
| Telegr., Phone, Cable or Radio Charges … | |
| Cash Advanced … | |
| Out of town Undertaker's Charges … | |
| Sales Tax … | |
| Total Footing of Bill | $ 125 — |
| Less | $ |
| Balance | $ 125 — |
| Entered into Ledger, page … or below. | |

…o Funeral Charges Total, $ … By Cash $ …

Names of Lodges … Insurance Companies …

… above Funeral, and I hereby represent that I have sufficient resources Legally available to … (Sign Name of Funeral Director.)

…resaid sum, and I hereby covenant and agree to pay the same within … days from date. Interest to accrue from … of 6% per annum

Signed …

Address …

# RECORD OF FUNERAL

Total No. .......... Yearly No. 6 .......... Date .......... 19....

Name of Deceased .......... (Single—Married—Divorced) .......... (What State) .......... (Where Born)

Residence of Deceased .......... Husband—Wife—Widow ..........

Charge to ..........

Address ..........

Order given by .......... (or telegram)

How Secured ..........

Occupation of Deceased ..........

Name of Employer ..........

Address ..........

Date of Death .......... (Date) .......... (Hour)

Date of Birth ..........

Age .......... Years .......... Months .......... Days

Date of Funeral .......... (Day of Week) .......... (Hour)

Services at ..........

Clergyman ..........

His Address ..........

Religion of the Deceased ..........

Resided in the State .......... (or U.S. or City or County) (Years) (Months)

Place of Death ..........

Cause of Death ..........

Contributory Causes ..........

Certifying Physician .......... (or Coroner)

His Address ..........

Name of Father ..........

His Birthplace ..........

Maiden Name of Mother ..........

Her Birthplace ..........

Motor / Ship } Remains to ..........

Size and Style of Casket .......... (State Color)

Manufactured by ..........

Interment at .......... { Cemetery / Crematory

Diagram of Lot or Vault

Lot No. ..........

Grave No. ..........

Section No. ..........

Owner ..........

| | |
|---|---|
| Complete Funeral | $ |
| Casket .......... | |
| Metallic Lining .......... (State Kind) | |
| Outside Box .......... (State Kind) | |
| Burial Vault .......... (State Kind) | |
| Embalming Body .......... with .......... Fluid | |
| Barber, $ .......... Hair Dressing, $ | |
| Dressing Body .......... | |
| Underwear, $ .......... Hose, $ | |
| Suit or Dress, $ .......... (State Color) Slippers, $ | |
| Folding Chairs, $ .......... Tarpaulin, $ | |
| Candelabrum, $ .......... Candles, $ | |
| Door Spray, $ .......... Gloves, $ | |
| Funeral Car, $ .......... Ambulance, $ | |
| Limousines to Cemetery .......... @ $ | |
| Autos to R. R. Station .......... @ $ | |
| Getting Remains from .......... | |
| Taking Remains to .......... | |
| Trip to Coroner's Inquest | |
| Delivering Box to .......... | |
| Deliver Flowers to .......... | |
| Removal Charges .......... | |
| Procuring Burial Permit .......... (State Number and District) | |
| Certif. Copies of Death Certificates No. .......... (State Physician's or Coroner's) | |
| Pall Bearer Service, $ .......... Use of Chapel, $ | |
| Personal Service .......... | |
| Outlay for Lot .......... | |
| Cremation .......... | |
| .......... line Death Notices in .......... Papers | |
| .......... (Names of Newspapers) | |
| Flowers, $ .......... Palms, $ .......... Matting, $ | |
| Rental of Tent, $ .......... of Temporary Vault, $ | |
| Opening of Grave or Tomb .......... | |
| Lining Grave, $ .......... Lowering Device, $ | |
| Outlay for Shipping Charges .......... | |
| Clergyman, $ .......... Singers, $ .......... Organist, $ | |
| Railroad or Motor } Tickets, $ .......... Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax .......... | |
| Total Footing of Bill | $ |
| Less .......... | $ |
| Balance .......... | $ 42[illegible] 80 |
| Entered into Ledger, page .......... or below. | |

| To Funeral Charges .... Total, $ | By Cash | $ |
|---|---|---|
| | | |

Insurance $ .......... Name of Lodges .......... Insurance Companies ..........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .......... (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .......... days from date. Interest to accrue ..........maturity at the rate of ....% per annum.

Signed ..........

Witness .......... Address ..........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 7 ........ Date March 27 1938

Name of Deceased Alamer Moore (Single—Married—Divorced) (When Born) (Where Born)

Residence of Deceased 402 Meeker street (Husband—Wife—Widow)

Charge to Wallace Cobb Springfield, Ill. — Husband

Address 341 Dalley street St. Louis

Order given by ........ (or informant)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death Jan. (Date) ........ 1938 (Hour)

Date of Birth ........

Age ........ (Years) (Months) (Days)

Date of Funeral ........ (Date) (Day of Week) (Hour) M.

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (City or County) (Years) (Months)

Place of Death Overbrook Hospital, Illinois

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Motor / Ship } Remains to ........

Size and Style of Casket ........ (Same Color)

Manufactured by ........

Interment at Rosehill Cemetery (Cemetery / Crematory)

Lot No. ........

Grave No. 142

Section No. 24

Owner ........

Diagram of Lot or Tomb

| Item | $ | |
|---|---|---|
| Complete Funeral | 100 | — |
| Casket Cut top square grey | | |
| Metallic Lining ........ (Same Kind) | | |
| Outside Box Top Box (Same Kind) | | |
| Burial Vault ........ (Same Kind) | | |
| Embalming Body ........ with ........ Fluid | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body ........ | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ ........ (Same Color) Slippers, $ | | |
| Folding Chairs, $ ........ Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery ........ @ $ | | |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from ........ | | |
| Taking Remains to ........ | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to ........ | | |
| Deliver Flowers to ........ | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| ....Certif. Copies of Death Certificates No. ........ (Head Physician's or Coroner's) | | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | | |
| Personal Service ........ | | |
| Outlay for Lot ........ | 25 | — |
| Cremation ........ | | |
| ....lines Death Notices in ........ Papers (Names of Newspapers) | | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | | |
| Rental of Tent, $ ........ of Temporary Vault, $ | | |
| Opening of Grave or Tomb ........ | | |
| Lining Grave, $ ........ Lowering Device, $ | | |
| Outlay for Shipping Charges ........ | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Motor } Tickets, $ ........ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced ........ | | |
| Out of town Undertaker's Charges ........ | | |
| Sales Tax ........ | | |
| Total Footing of Bill ........ | 125 | — |
| Less ........ | | |
| Balance ........ | 125 | — |

Entered into Ledger, page ........ or below.

| To Funeral Charges ........ Total, $ | | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 8% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEHSEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 8 Date Mar. 20 1978

Name of Deceased Mrs Harriet McLean (Single or Married — Widowed) (What Race) (Where Born)

Husband—Wife—Widow—

Residence of Deceased

Charge to Rev. E. [illegible]

Address 47 [illegible]

Order given by [illegible] (Relationship)

How Secured

Occupation of Deceased

Name of Employer

Address

Date of Death (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or Country) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket Cut Top Silver Grey (Style Color)

Manufactured by

Interment at Rosehill { Cemetery / Crematory

Lot No.

Grave No. 1

Section No. 24

Owner

(Diagram of Lot or Vault)

| | | |
|---|---|---|
| Complete Funeral | $ 100 | |
| Casket Cut Top | | |
| Metallic Lining | | |
| Outside Box Top Board (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with ...... Fluid | | |
| Barber, $ ...... Half Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ...... Hose, $ | | |
| Suit or Dress, $ ...... Slippers, $ | | |
| Folding Chairs, $ ...... Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Spray, $ ...... Gloves, $ | | |
| Funeral Car, $ ...... Ambulance, $ | | |
| Limousines to Cemetery ...... @ $ | | |
| Autos to R. R. Station ...... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 25 00 | |
| Cremation | | |
| ...... Death Notices in ...... Papers (Names of Newspapers) | | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | | |
| Rental of Tent, $ ...... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ...... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | |
| Railroad or Motor } Tickets, $ ...... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ 125 | |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page ...... or below. | | |

To Funeral Charges .... Total, $     By Cash $

Insurance $ ...... Name of Company ...... Insurance Company

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ... for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... maturity at the rate of ...% per annum.

Signed

Witness ...... Address

# RECORD OF FUNERAL

Yearly No. 9 Date April 1928

Allice Simmonds — Terrell N.C. (Single — Married — Divorced) (What Town) (What State)

ed 40 Waverly Ave. — Husband—Wife—Widow—Son — Allice Simmons

Occupation Student

Buried: Warwick City Hospital

Methodist

Custodian: Kearsey N.T.

Cemetery/Crematory: ...Hill

| Item | | $ |
|---|---|---|
| Complete Funeral | $ 10 | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ ... Slippers, $ | | |
| Folding Chairs, $ ... (State Color) Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery 1 @ $ 15 | 10 | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| Line Death Notices in ... Papers (Name of Newspapers) | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page ... or below. | | |

Lot No.

Grave No. 24

Section No. 24

Owner

Funeral Charges ... Total, $ — By Cash ... $

Names of Lodges — Insurance Companies: Met. Life Insts.

(Firm Name of Funeral Directors)

above Funeral, and I hereby represent that I have sufficient resources Legally available to ... days date. Interest to accrue from ... and I hereby covenant and agree to pay the same within ... 6% per annum.

Signed

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 5 ............ Date 7 Mar. 30 ...... 193[illegible]

Name of Deceased Mrs. Harriet McLean (Single — Married — Divorced) ...... (When Born) ...... (Where Born)

Husband — Wife — Widow — of

Residence of Deceased

Charge to Rev. F. J. Jenkins

Address 42 Morgan [illegible]

Order given by Rev. Jenkins (or Relation)

How Secured ............

Occupation of Deceased

Name of Employer ............

Address ............

Date of Death ............ (Date) (Hour)

Date of Birth ............

Age ............ (Years) (Months) (Days)

Date of Funeral ............ (Date) (Day of Week) (Hour) M.

Services at ............

Clergyman ............

His Address ............

Religion of the Deceased ............

Resided in the State ............ (or U. S. or City or Country) (Years) (Months)

Place of Death

Cause of Death ............

Contributory Causes ............

Certifying Physician ............ (or Coroner)

His Address ............

Name of Father

His Birthplace ............

Maiden Name of Mother

Her Birthplace ............

Motor / Ship } Remains to

Size and Style of Casket Cut Top Deluxe Grey (State Color)

Manufactured by

Interment at Rosehill ............ { Cemetery / Crematory

Diagram of Lot or Tomb

Lot No. ............

Grave No. 1 ............

Section No. 24 ............

Owner ............

| | $ | |
|---|---|---|
| Complete Funeral ............ | 100 | |
| Casket Cut Top | | |
| Metallic Lining ............ | | |
| Outside Box Top Board (State Kind) | | |
| Burial Vault ............ (State Kind) | | |
| Embalming Body ............ with ............ (State Kind) Fluid | | |
| Barber, $ ............ Hair Dressing, $ | | |
| Dressing Body ............ | | |
| Underwear, $ ............ Hose, $ | | |
| Suit or Dress, $ ............ Slippers, $ (State Color) | | |
| Folding Chairs, $ ............ Tarpaulin, $ | | |
| Candelabrum, $ ............ Candles, $ | | |
| Door Spray, $ ............ Gloves, $ | | |
| Funeral Car, $ ............ Ambulance, $ | | |
| Limousines to Cemetery ............ @ $ | | |
| Autos to R. R. Station ............ @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to ............ | | |
| Deliver Flowers to ............ | | |
| Removal Charges ............ | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ............ Use of Chapel, $ | | |
| Personal Service ............ | | |
| Outlay for Lot ............ | 25 | |
| Cremation ............ | | |
| ............ line Death Notices in ............ Papers (Names of Newspapers) | | |
| Flowers, $ ............ Palms, $ ............ Matting, $ | | |
| Rental of Tent, $ ............ of Temporary Vault, $ | | |
| Opening of Grave or Tomb ............ | | |
| Lining Grave, $ ............ Lowering Device, $ | | |
| Outlay for Shipping Charges ............ | | |
| Clergyman, $ ............ Singers, $ ............ Organist, $ | | |
| Railroad or Motor } Tickets, $ ............ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced ............ | | |
| Out of town Undertaker's Charges ............ | | |
| Sales Tax ............ | | |
| Total Footing of Bill ............ | 125 | |
| Less ............ | | |
| Balance ............ | | |
| Entered into Ledger, page ............ or below. | | |

| To Funeral Charges.... Total, $ | | By Cash | $ |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

Insurance $ ............ Name of Lodges ............ Insurance Companies ............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ............ Firm Name of Funeral Director

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ............ Address ............

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 9 ........ Date April ... 1938

Name of Deceased Allene Simmonds (Single—Married—Divorced) ........ Corbett N.C. (What State) (Where Born)

Residence of Deceased 60 [illegible] ........ Husband—Wife—Widow—son of Allene Simmons

Charge to [illegible]

Address [illegible]

Order given by Mr. Simmons (or authorized)

How Secured ........

Occupation of Deceased Student

Name of Employer ........

Address ........

Date of Death Feb. 5, 1938 (Date) (Year)

Date of Birth [illegible]

Age 20 years 5 [illegible] (Years) (Months) (Days)

Date of Funeral ........ Wed ........ (Day of Week) 1 P.M.

Services at [illegible]

Clergyman [illegible]

His Address ........

Religion of the Deceased Methodist

Resided in the State ........ (or U. S. if Citizen of Country) (Years) (Months)

Place of Death [illegible] City Hospital

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father [illegible]

His Birthplace ........

Maiden Name of Mother Allene McCrea [illegible]

Her Birthplace ........

Motor / Ship } Remains to

Size and Style of Casket [illegible] N. Y.

Manufactured by ........

Interment at Rose Hill { Cemetery / Crematory }

Lot No. ........

Grave No. 24

Section No. 24

Owner ........

Diagram of Lot or Vault

| Item | | $ |
|---|---|---|
| Complete Funeral | | 12 |
| Casket | | |
| Metallic Lining ........ (State Kind) | | |
| Outside Box ........ (State Kind) | | |
| Burial Vault ........ (State Kind) | | |
| Embalming Body ........ with ........ Fluid | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ ........ Slippers, $ | | |
| Folding Chairs, $ ........ (State Color) Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery ... 1 ... @ $ | | 12 |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| ... line Death Notices in ........ Papers | | |
| (Names of Newspapers) | | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | | |
| Rental of Tent, $ ........ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ........ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Motor } Tickets, $ ........ Aero-plane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | | $ |
| Less | | $ |
| Balance | | $ |
| Entered into Ledger, page ........ or below. | | |

To Funeral Charges ........ Total, $ ........

By Cash ........ $

Insurance $ ........ Name of Lodges ........ Insurance Companies Met. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEHRMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 10 Date Aug 7th 1938

Name of Deceased Gladys Healy (Single — Married — Divorced) single colored (What Race) Georgia (Where Born)

Residence of Deceased 52 Avon Pl. Husband—Wife—Widow daughter of Mrs Mary Burch

Charge to Mrs Mary Burch

Address 52 Avon Pl. Newk.

Order given by Mrs Mary Burch (or informant)

How Secured in person

Occupation of Deceased Presser

Name of Employer

Address

Date of Death February 28th 1938 3:15 P (Date) (Hour)

Date of Birth Jan 17, 1904

Age 34 (Years) (Months) 26 (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Newk. City Hosp.

Cause of Death

Contributory Causes

Certifying Physician Asst. Medic (or Coroner)

His Address 9? 8th Ave. Newk.

Name of Father Thomas Healy

His Birthplace Ga.

Maiden Name of Mother Mary Griffith

Her Birthplace Ga.

Railroad / Motor / Ship } Remains to Linden N.J.

Size and Style of Casket Orchid plush half couch (State Color)

Manufactured by

Interment at Rosehill { Cemetery / Crematory

Grave card delivered to Mrs Burch

Diagram of Lot or Vault

Lot No.

Grave No. 186

Section No. 24

Owner

| | | |
|---|---|---|
| Complete Funeral | $ | 280 |
| Casket half couch orchid plush | | |
| Metallic Lining | | |
| Outside Box ... pine (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (Name Kind) ... Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ Slippers, $ | | |
| Folding Chairs, $ (Rain Cover) Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | 25 |
| Cremation | | |
| Insertion Death Notices in ... Papers | | |
| Flowers, $ (Shape of Arrangement) Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance | $ | 250 |
| Entered into Ledger, page or below. | | |

To Funeral Charges . . Total, $

By Cash $

Paid Mar 25th 1938

Received ............ Name of Insurance Company ............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available in ... (Wife Name of Funeral Director) ... days from date ... Interest to accrue from ... for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... maturity at the rate of 6% per annum.

Witness ............ Signed ............

Address ............

Compiled by F. J. FEHRMANN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 11 Date Dec. 7th 1938

Yancey McGee (Single—Married—Divorced) Colored (What Race) Alabama (Where Born)

76 Badger Ave. Nuik. (Husband or Wife of) Carlene Mager

Carlene McGee

Badger Ave. Nuik.

Mrs. Carlene McGee

in person

Laborer — Foundry

Dec. 9th 6:20 P.M. (Hour)

Jan. 24th 1900 or 1897

41 (Months) 16 (Days)

Birmingham, Ala.

Nuik. City Hosp

in person

Laura Yancey McGee

Alabama

Mother Lizzie Grace ?

Alabama

Penn. Station

Casket Cut. top (State Color)

doe: silver grey

(Cemetery / Crematory)

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

| Item | Amount |
|---|---|
| Complete Funeral | $ 100 — |
| Casket | |
| Metallic Lining ........ (State Kind) | |
| Outside Box ........ (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body ........ with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ Slippers, $ | |
| Folding Chairs, $ ........ (State Color) Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| line Death Notices in ........ Papers | |
| Flowers, $ ........ Palms, $ ........ (Name of Florist) Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor Tickets, $ ........ Aeroplane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ 100 — |

Entered into Ledger, page ........ or below.

To Funeral Charges .... Total, $ ........ By Cash ........ $

Taken Over [illegible]

Name of Lodges ........ Insurance Companies Solidaire [illegible]

...the above Funeral, and I hereby represent that I have sufficient resources Legally available to... (Place Index if Funeral Director) ...days from date. Interest to accrue from

...aforesaid sum, and I hereby covenant and agree to pay the same within ...% per annum.

Signed ........

Address ........

Compiled by F. F. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 10 Date Mar. 7th 193

Name of Deceased Gladys Healy single (Single — Married — Divorced) colored (What Race) Georgia (Where Born)

Residence of Deceased 52 Avon Pl. Husband—Wife—Widow —daughter of {Mrs Mary Burck

| | | |
|---|---|---|
| Charge to Mrs. Mary Burck | Complete Funeral | $ 225 |
| Address 52 Avon Pl. Nwk | Casket Half couch orchid plush | |
| Order given by Mrs Mary Burck (or telephone) | Metallic Lining | |
| How Secured in person | Outside Box pine (State Kind) | |
| Occupation of Deceased Presser | Burial Vault (State Kind) | |
| Name of Employer | Embalming Body ..... with ..... Fluid (State Kind) | |
| Address | Barber, $ ..... Hair Dressing, $ | |
| Date of Death February 28th 1938 3:15 P.M. (Date) (Hour) | Dressing Body | |
| Date of Birth Jan 17, 1904 | Underwear, $ ..... Hose, $ | |
| Age 34 (Years) (Months) 26 (Days) | Suit or Dress, $ ..... Slippers, $ | |
| Date of Funeral (Date) (Day of Week) (Hour) M. | Folding Chairs, $ ..... (State Color) Tarpaulin, $ | |
| Services at Funeral Home | Candelabrum, $ ..... Candles, $ | |
| Clergyman | Door Spray, $ ..... Gloves, $ | |
| His Address | Funeral Car, $ ..... Ambulance, $ | |
| Religion of the Deceased | Limousines to Cemetery ..... @ $ | |
| Resided in the State (or U. S. or City or County) (Years) (Months) | Autos to R. R. Station ..... @ $ | |
| Place of Death Nwk. City Hosp. | Getting Remains from | |
| Cause of Death | Taking Remains to | |
| Contributory Causes | Trip to Coroner's Inquest | |
| Certifying Physician Asst Med Ex (or Coroner) | Delivering Box to | |
| His Address 92 8th Ave. Nwk | Deliver Flowers to | |
| Name of Father Thomas Healy | Removal Charges | |
| His Birthplace Ga. | Procuring Burial Permit (State Number and District) | |
| Maiden Name of Mother Mary Griffith | ....Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Her Birthplace Ga. | Pall Bearer Service, $ ..... Use of Chapel, $ | |
| Motor / Ship Remains to Linden N.J. | Personal Service | |
| Size and Style of Casket Orchid plush (State Color) half couch | Outlay for Lot | 25 |
| Manufactured by | Cremation | |
| Interment at Rosehill { Cemetery / Crematory | ....line Death Notices in ..... Papers (Names of Newspapers) | |
| | Flowers, $ ..... Palms, $ ..... Matting, $ | |
| | Rental of Tent, $ ..... of Temporary Vault, $ | |
| | Opening of Grave or Tomb | |
| | Lining Grave, $ ..... Lowering Device, $ | |
| | Outlay for Shipping Charges | |
| | Clergyman, $ ..... Singers, $ ..... Organist, $ | |
| | Railroad or Motor Tickets, $ ..... Aeroplane Service, $ | |
| | Telegr., Phone, Cable or Radio Charges | |
| | Cash Advanced | |
| | Out of town Undertaker's Charges | |
| | Sales Tax | |
| | Total Footing of Bill | $ |
| | Less | $ |
| | Balance | $ 250 |
| | Entered into Ledger, page ..... or below. | |

Grave card delivered to Mrs Burck

(Diagram of Lot or Vault)

Lot No. ......

Grave No. 186

Section No. 24

Owner ......

To Funeral Charges ... Total, $ | By Cash ... $

Paid Mar. 25th 1938

Insurance $ ..... Names of Lodges ..... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ..... Address .....

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 11 Date Dec. 7th 1938

Name of Deceased Yancey Mc Gee Colored Alabama
(Single—Married—Divorced) (Widowed) (What Race) (State Born)

Residence of Deceased 76 Badger Ave. North (Husband or Wife) Carlene Magee

Charge to Mrs. Carlene McGee

Address 76 Badger Ave. North

Order given by Mrs. Carlene McGee (relationship)

How Secured ...... personal

Occupation of Deceased Laborer Foundry

Name of Employer ........

Address ........

Date of Death Feb. 9th 6:50 P.M. (Date) (Hour)

Date of Birth Jan. 24th 1900 or 1897

Age 38 or 41 (Years) (Months) 16 (Days) (30 mins) (Hours)

Date of Funeral (Date) (Day of Week) (Hour)

Services at Birmingham, Ala.

Clergyman

His Address

Religion of the Deceased..

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death North City Hosp.

Cause of Death see permit

Contributory Causes........

Certifying Physician (or Coroner)

His Address........

Name of Father Louis Yancey McGee

His Birthplace Alabama

Maiden Name of Mother Lessie Grace ?

Her Birthplace Alabama

Motor / Ship } Remains to Penn. Station

Size and Style of Casket Cut. top (State Color) square doe. silver grey

Manufactured by

Interment at ........ { Cemetery / Crematory

| | |
|---|---|
| Diagram of Lot or Vault | Lot No. .... |
| | Grave No. .... |
| | Section No. .... |
| | Owner. .... |

| Item | $ |
|---|---|
| Complete Funeral | $ 100 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ | |
| Folding Chairs, $ (State Color) Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| ...Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ...line Death Notices in ... Papers | |
| Flowers, $ ... Palms, $ ... (Names of Newspapers) Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor } Tickets, $ ... Berths, $ ... Auto Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | |
| Less | |
| Balance | $ 100 |
| Entered into Ledger, page ... or below. | |

To Funeral Charges ... Total, $ ........ By Cash $

Paid. Jan. 27th, '38

Insurance $ ........ Name of Lodges ........ Insurance Companies to Colored Funeral Home

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum. (Firm Name of Funeral Directors)

Witness ........ Signed ........

Address ........

Compiled by F. P. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 13 ........ Date Mar. 2nd 1938

Name of Deceased Mrs. Lorraine Silva (Single—Married—Divorced) Colored (What Race) Va. (Where Born)

Residence of Deceased 58 Boyd St. Newk. (Husband—Wife—Widow—of) Mr. Max Silva

Charge to Mr. Max Silva

Address 58 Boyd St.

Order given by Mr. Max Silva

How Secured in person

Occupation of Deceased House wife

Name of Employer

Address

Date of Death Feb. 28th 1938 (Date) 6:40 P.M. (Hour)

Date of Birth Mar. 31st 1896

Age 41 (Years) 1 (Months) 27 (Days)

Date of Funeral 3-2-38 Wed. (Day of Week) 9 A.M. (Hour)

Services at Queen of the Angels R.C. Church

Clergyman Father Ahern

His Address

Religion of the Deceased Catholic

Resided in the State (or U.S. if City or County) (Years) (Months)

Place of Death 58 Boyd St.

Cause of Death Hypertensive cardiac

Contributory Causes Renal disease

Certifying Physician (or Coroner) Cty. Med. Ex.

His Address 92 8th Ave. Newk.

Name of Father Stephen Hicks

His Birthplace Va.

Maiden Name of Mother C. [illegible]

Her Birthplace Va.

Motor / Ship / Remains to N. Arlington N.J.

Size and Style of Casket Octagon and hinged (State Color) top, silver gray, egg shell interior

Manufactured by

Interment at Holy Cross { Cemetery / Crematory }

| Diagram of Lot or Vault | |
|---|---|
| Grave was delivered to Mr. Silva | Lot No. ........ |
| | Grave No. ........ |
| | Section No. ........ |
| | Owner. |

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 185 | |
| Casket | | |
| Metallic Lining | | |
| Outside Box. Liner, painted gray (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with (State Kind) ... Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ...... Hose, $ | | |
| Suit or Dress, $ ...... Slippers, $ | | |
| Folding Chairs, $ (State Color) ...... Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Spray, $ ...... Gloves, $ | | |
| Funeral Car, $ ...... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from residence | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| ... Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot. | 46 | |
| Cremation | | |
| ... line Death Notices in ... Papers | | |
| Flowers, $ ...... Palms, $ (Name of Newspapers) ...... Matting, $ | | |
| Rental of Tent, $ ...... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ...... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | |
| Railroad or Motor Tickets, $ ...... Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Mass | 7 | 50 |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance | $ 238 | 50 |

Entered into Ledger, page ...... or below.

| To Funeral Charges .... Total, $ | By Cash $ |
|---|---|
| | Paid May 21st 1938 |

Insurance $ ...... Names of Lodges ...... Insurance Companies Met. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ...... Address

Compiled by F. J. PFENNEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 10 Date Aug 7...

Name of Deceased Gladys Healy single (Single—Married—Divorced) colored (What Race)

Residence of Deceased 52 Avon Pl. Husband—Wife—Widow— daughter | Mrs Ma...

Charge to Mrs Mary Bruce

Address 52 Avon Pl. Newk

Order given by Mrs Mary Bruce (or sideways)

How Secured in person

Occupation of Deceased Presser

Name of Employer ........

Address ........

Date of Death February 28 (Date) 1930 3.15 P (Hour)

Date of Birth Jan 17, 1904

Age 34 (Years) – (Months) 26 (Days)

Date of Funeral (Date) (Day of Week) (Hour) M

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Newk City Hosp.

Cause of Death ........

Contributory Causes ........

Certifying Physician Anl Metly (or Coroner)

His Address 92 8th Ave Newk

Name of Father Thomas Healy

His Birthplace Ga.

Maiden Name of Mother Mary Griffith

Her Birthplace Ga.

Motor / Ship } Remains to Linden N.J.

Size and Style of Casket Orchid plush (State Color) half couch

Manufactured by ........

Interment at Rosehill { Cemetery / Crematory

Grave card delivered to Mrs Bruce

Diagram of Lot or Vault

Lot No. ........

Grave No. 186

Section No. 24

Owner ........

Complete Funeral

Casket Half couch orchid plus...

Metallic Lining ........

Outside Box pine (State Kind)

Burial Vault (State Kind)

Embalming Body .... with .... (State Kind) Fl...

Barber, $ ........ Hair Dressing, $

Dressing Body

Underwear, $ ........ Hose, $

Suit or Dress, $ (Same Color) Slippers, $

Folding Chairs, $ ........ Tarpaulin, $

Candelabrum, $ ........ Candles, $

Door Spray, $ ........ Gloves, $

Funeral Car, $ ........ Ambulance, $

Limousines to Cemetery .... @ $

Autos to R. R. Station .... @ $

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

....Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, $ ........ Use of Chapel, $

Personal Service

Outlay for Lot

Cremation

....ing Death Notices in ........ Papers (Names of Newspapers)

Flowers, $ ........ Palms, $ ........ Matting, $

Rental of Tent, $ ........ of Temporary Vault, $

Opening of Grave or Tomb

Lining Grave, $ ........ Lowering Device, $

Outlay for Shipping Charges

Clergyman, $ ........ Singers, $ ........ Organist, $

Railroad or Motor } Tickets, $ ........ Aero-plane Service, $

Teleg., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Sales Tax

Total Footing of Bill

Less ........

Balance ........

Entered into Ledger, page ...., (or below)

| To Funeral Charges .... Total, $ | | By Cash |
|---|---|---|
| | | [illegible] 8/27/1933 |

Insurance $ ........ Name of Lodge ........ Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. ...maturity at the rate of 6% per annum.

Signed ........

Witness ........

Compiled by F. A. PEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 13 Date Dec. 27th 1938

Name of Deceased Mr. John Powell (Single — Married — Divorced) Edward (What Race) Ga. (Where Born)

Husband – Wife – Widow of

Residence of Deceased

Charge to Mrs. Jennie Brown

Address 226 N. Chestnut St. Hack.

Order given by Mrs. Jennie Brown (Informant)

How Secured by phone

Occupation of Deceased Laborer - W.P.A.

Name of Employer

Address

Date of Death Feb. 25th 1938 (Date) 9:30 pm (Hour)

Date of Birth Jan. 15th 1888

Age 50 (Years) 1 (Months) 10 (Days)

Date of Funeral 3-2-38 (Date) Wed. (Day of Week) 1:30 P.M. (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (in U. S. or City or Country) (Years) (Months)

Place of Death Hack. City Hosp.

Cause of Death Hypertensive Heart disease

Contributary Causes Aortic insufficiency

Certifying Physician A. J. Fortunato (or Coroner)

His Address

Name of Father Charles Powell

His Birthplace Ga.

Maiden Name of Mother Mary ?

Her Birthplace Ga.

Motor / Ship } Remains to Linden N.J.

Size and Style of Casket cut top (State Color) square end steel grey

Manufactured by

Interment at Rosehill { Cemetery / Crematory

| Diagram of Lot or Vault | |
|---|---|
| Grave card delivered to Mrs Brown | Lot No. |
| | Grave No. 224 |
| | Section No. 24 |
| | Owner |

To Funeral Charges ....Total, $

| Item | $ |
|---|---|
| Complete Funeral | 150 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | 5 |
| Outlay for Lot | 25 |
| Cremation | |
| line Death Notices in Papers (Names of Newspapers) | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | |
| Less | |
| Balance | 180 |

Entered into Ledger, page ..... or below.

By Cash $

Paid Mar. 28th 1938

Insurance $ Names of Lodges Insurance Companies Met. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Witness Signed

Address

Compiled by F. J. FRINKMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 13 Date Mar. 7th 1938

Mrs. Lorraine Silva (Single—Married—Divorced) Colored (White Race)

58 Boyd St. North. Husband—Wife—Widow Mr. Man Silva

Man Silva

Boyd St.

Man Silva

Deceased house wife

Feb. 28th 1938 6:45 P.M.

Dec. 31st 1896

1 (Months) 27 (Days)

3-2-38 Wed 9 hrs.

Father Absent

Deceased catholic

58 Boyd St.

Hypertension cardiac.

Renal disease.

Wm. Med. Co.

72, 5th Ave. North

Stephen Hicks

Va.

Mother Lillie

Va.

N. Arlington N.J.

Casket Octagon and hinged ... gray ... shell interior

Holy Cross (Cemetery / Crematory)

Lot No. ....
Grave No. ....
Section No. ....
Owner ....

| Item | $ | |
|---|---|---|
| Complete Funeral | 185 | |
| Casket | | |
| Metallic Lining | | |
| Outside Box — pine ... painted gray | | |
| Burial Vault | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from — residence | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. | | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 46 | |
| Cremation | | |
| Line Death Notices in ... Papers | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Aero-plane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Mass | 7 | 50 |
| Total Footing of Bill | | |
| Less | | |
| Balance | 238 | 50 |
| Entered into Ledger, page ... or below. | | |

... Funeral Charges .... Total, $

By Cash

Paid May 21st 1938

Names of Lodges

Insurance Companies Met. Life Ins. Co.

... above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Director) ... date. Interest to accrue from ...

... overall sum, and I hereby covenant and agree to pay the same within ... % per annum.

Signed

Address

# RECORD OF FUNERAL

Total No. ........ Yearly No. 13 ........ Date Dec. 7th 1938

Name of Deceased Mr. John Powell (Single—Married—Divorced) Colored (What Race) Ga. (Where Born)

(Husband—Wife—Widow—)

Residence of Deceased ........

Charge to Mrs. Jennie Brown

Address 224 1/2 Chestnut St. Musk.

Order given by Mrs. Jennie Brown (Relationship)

How Secured by phone

Occupation of Deceased Laborer – W.P.A.

Name of Employer ........

Address ........

Date of Death Feby. 25th 1938 9:30 a.m. (Date) (Hour)

Date of Birth Jan. 15th 1888

Age 50 (Years) 1 (Months) 10 (Days)

Date of Funeral 3-2-38 (Date) Wed. (Day of Week) 1:30 P.M. (Hour)

Services at Funeral Home

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (or U. S. or City or County) (Years) (Months)

Place of Death Musk. City Hosp.

Cause of Death Hypertensive heart disease

Contributory Causes Aortic insufficiency

Certifying Physician A. J. Fortuna...

His Address ........

Name of Father Charles Powell

His Birthplace Ga.

Maiden Name of Mother Mary ?

Her Birthplace Ga.

Motor / Ship } Remains to Linden N.Y.

Size and Style of Casket cut top square dec steel gray (State Color)

Manufactured by ........

Interment at Rosehill ........ { Cemetery / Crematory }

Diagram of Lot or Vault: Grave card delivered to Mrs Brown

Lot No. ........

Grave No. 224

Section No. 24

Owner ........

| Item | $ |
|---|---|
| Complete Funeral | 150 |
| Casket | |
| Metalic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ....with.......... Fluid | |
| Barber, $............Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and Date) | |
| ....Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service | 5 |
| Outlay for Lot | 25 |
| Cremation | |
| ....Ins Death Notices in ........ Papers (Names of Newspapers) | |
| Flowers, $.....Palms, $.....Matting, $ | |
| Rental of Tent, $....of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $. ........ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ .. Singers, $ .. Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | |
| Less | |
| Balance | 180 |

Entered into Ledger, page ...... or below.

To Funeral Charges....Total, $ ........

By Cash $ ........

Paid Mar. 19th 1938

Insurance $ ........ Names of Lodges ........ Insurance Companies Met. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Witness ........ Signed ........

Address ........

Compiled by F. J. PEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 13 ........ Date Mar. 2nd 1938

Name of Deceased Mrs. Lorraine Silva (Single – Married – Divorced) Colored (What Race) Va. (Where Born)

Residence of Deceased 58 Boyd St. Newton (Husband – Wife – Sister) Mr. Max Silva

Charge to Mr. Max Silva

Address 58 Boyd St.

Order given by Mr. Max Silva

How Secured in person

Occupation of Deceased House wife

Name of Employer ........

Address ........

Date of Death Feb. 28th 1938 (Date) 6.45 A (Hour)

Date of Birth Mar. 31st 1896

Age 41 (Years) 1 (Months) 27 (Days)

Date of Funeral 3-2-38 (Date) Wed. (Day of Week) 9. 1 M (Hour)

Services at Queen of the Angels Ch. Newton

Clergyman Father Ahern

His Address ........

Religion of the Deceased Catholic

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death 58 Boyd St.

Cause of Death Hypertension cardiac

Contributory Causes Renal disease

Certifying Physician Asst. Med. Ex. (or Coroner)

His Address 92 8th Ave. Hav...

Name of Father Stephen Hicks

His Birthplace Va.

Maiden Name of Mother Cibbie ?

Her Birthplace Va.

Motor / Ship Remains to N. Arlington N. J.

Size and Style of Casket Octagon end, hinged top, silver gray, ... interior (State Color)

Manufactured by

Interment at Holy Cross (Cemetery / Crematory)

Grave card delivered to Mr. Silva

(Diagram of Lot or Vault)

Lot No. ........

Grave No. ........

Section No. ........

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 185 | |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) Steel painted gray (State Kind) | | |
| Burial Vault | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ...... Hose, $ | | |
| Suit or Dress, $ ...... Slippers, $ | | |
| Folding Chairs, $ ...... Tarpaulin, $ (State Color) | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Spray, $ ...... Gloves, $ | | |
| Funeral Car, $ ...... Ambulance, $ | | |
| Limousines to Cemetery ...... @ $ | | |
| Autos to R. R. Station ...... @ $ | | |
| Getting Remains from residence | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. (State Number and Charge) | | |
| Pall Bearer Service, $ ...... Use of Chapel, $ (State Physician's or Coroner's) | | |
| Personal Service | | |
| Outlay for Lot | 46 | |
| Cremation | | |
| ...line Death Notices in ...... Papers (Names of Newspapers) | | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | | |
| Rental of Tent, $ ...... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ...... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | |
| Railroad or Motor Tickets, $ ...... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Mass | 7 | 50 |
| Total Footing of Bill | | |
| Less | | |
| Balance | 238 | 50 |

Entered into Ledger, page ...... or below.

| To Funeral Charges | Total, $ | By Cash | $ |
|---|---|---|---|
| | | Paid May 21st 1938 | |

Insurance ........ Member of Lodges ........ Insurance Companies Met. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Give Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ........ Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 15 Date Aug. 21st 1938

Name of Deceased Elizabeth Woods (Single — Married — Divorced) Colored (White Race) Ga. (Where Born)

Residence of Deceased Alms House, Sky Hill Husband—Wife—Widow of Thomas Woods

Charge to Rev. Elijah Turner

Address 52 Wallace St.

Order given by Rev. Turner (or Informant) Elijah

Occupation of Deceased House wife

Name of Employer

Date of Death March 26th (Date) (Hour)

Date of Birth unknown

Age about 71 (Years) (Months) (Days)

Date of Funeral 3-29-38 Tues 2 P.M. (Date) (Day of Week) (Hour)

Services at Life Light Baptist Church

Clergyman Rev M. J. Baldwin

His Address

Religion of the Deceased Baptist

Resided in the State

Place of Death Alms House Sky Hill

Cause of Death see permit

Contributory Causes

Certifying Physician Hosp. staff

His Address

Name of Father Peter Black

His Birthplace Ga.

Maiden Name of Mother Elizabeth ?

Her Birthplace Ga.

Remains to Jersey City N.J.

Size and Style of Casket Cut. Top (Name Plate) Wagon and steel gray

Manufactured by

Interment at Rosehill Cemetery / Crematory

Lot No. / Grave No. 313 / Section No. 24 / Owner

Grave saved delivered to Rev. Elijah Turner

| Item | $ |
|---|---|
| Complete Funeral | 100 |
| Casket | |
| Metallic Lining | |
| Outside Box pine (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificate No. | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 26 |
| Cremation | |
| Death Notice in Papers | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Express Certified copy | .50 |
| Total Footing of Bill | |
| Less | |
| Balance | 126.50 |

Entered into Ledger, page or below.

To Funeral Charges Total, $

By Cash $

Paid Aug 11th 1938

Name of Lodges

Insurance Companies Met. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to [illegible] payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from [illegible] the rate of 6% per annum.

Signed

Address

# RECORD OF FUNERAL

Total No. ........ Yearly No. 12 Date Dec. 7th ...

Name of Deceased Mr. John Powers (Single — Married — Divorced) Colored (Race) ... (Husband—Wife—Widow)

Residence of Deceased ...

| | |
|---|---|
| Charge to Mrs. Jennie Brown | Complete Funeral $ 15... |
| Address 224 ½ Chestnut St. Newk. | Casket ... |
| Order given by Mrs. Jennie Brown (or informant) | Metallic Lining ... |
| How Secured by phone | Outside Box ... (State Kind) |
| Occupation of Deceased Laborer - W.P.A. | Burial Vault ... (State Kind) |
| Name of Employer ... | Embalming Body ... with ... Fluid |
| Address ... | Barber, $ ... Hair Dressing, $ ... |
| Date of Death Feb. 25th 1938 (Date) 9:30 ... (Hour) | Dressing Body ... |
| Date of Birth Jan. 25th 1888 | Underwear, $ ... Hose, $ |
| Age 50 (Years) 1 (Months) 12 (Days) | Suit or Dress, $ ... Slippers, $ |
| Date of Funeral 3-2-38 (Date) Wed. (Day of Week) 1:30 P.M. (Hour) | Folding Chairs, $ ... Tarpaulin, $ |
| Services at Funeral Home | Candelabrum, $ ... Candles, $ |
| Clergyman ... | Door Spray, $ ... Gloves, $ |
| His Address ... | Funeral Car, $ ... Ambulance, $ |
| Religion of the Deceased ... | Limousines to Cemetery ... @ $ |
| Resided in the State ... (in U.S. or City or Country) (Years) (Months) | Autos to R. R. Station @ $ |
| Place of Death Newk. City Hosp. | Getting Remains from ... |
| Cause of Death Hypertension, Heart disease | Taking Remains to ... |
| Contributory Causes Aortic insufficiency | Trip to Coroner's Inquest |
| Certifying Physician S. J. Fortunato (or Coroner) | Delivering Box to ... |
| His Address ... | Deliver Flowers to ... |
| Name of Father Charles Powers | Removal Charges ... |
| His Birthplace Ga. | Procuring Burial Permit ... |
| Maiden Name of Mother Mary ? | ... Certif. Copies of Death Certificates No. ... (State Number and Disposal) |
| Her Birthplace Ga. | Pall Bearer Service, $ ... Use of Chapel, $ (State Physician's or Coroner's) |
| Motor / Ship } Remains to Linden N.J. | Personal Service ... |
| Size and Style of Casket cut top (Cloth Cover) | Outlay for Lot ... 2... |
| square doe steel grey | Cremation ... |
| Manufactured by ... | ... line Death Notices in ... Papers (Names of Newspapers) |
| Interment at Rosehill (Cemetery / Crematory) | Flowers, $ ... Palms, $ ... Matting, $ |
| Lot No. ... | Rental of Tent, $ ... of Temporary Vault, $ |
| Grave No. 224 | Opening of Grave or Tomb ... |
| Section No. 24 | Lining Grave, $ ... Lowering Device, $ |
| Owner ... | Outside or Shipping Charges ... |
| | Clergyman, $ ... Singers, $ ... Organist, $ |
| | Railroad or Motor Tickets, $ ... Aeroplane Service, $ |
| | Telegr., Phone, Cable or Radio Charges |
| | Cash Advanced ... |
| | Out of town Undertaker's Charges |
| | Sales Tax |
| | Total Footing of Bill $ |
| | Less ... $ |
| | Balance ... $ 1... |
| | Entered into Ledger, page ... or below. |

Grave card delivered to Mrs Brown

Diagram of Lot or Vault

To Funeral Charges ... Total, $ ... By Cash ... $

Paid Mar. 18 ... 1938

Insurance $ ... Names of Lodges ... Insurance Companies Met. Life ...

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Give Name of Funeral Home) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest ... maturity at the rate of 6% per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 14 Date Dec. 7th ...... 1938

Name of Deceased Alfred Rice (Single—Married—Divorced) Colored (What Race) (Where Born)

Residence of Deceased 69 Hoyt St. Nwk. Husband—Wife—Widow | Mary L. Rice

Charge to Mrs Mary L. Rice

Address. 69 Hoyt St. Nwk.

Order given by Mrs Mary L. Rice (or Attorney)

How Secured by phone

Occupation of Deceased laborer

Name of Employer

Address

Date of Death March 1st 1938. 8:30 P.M. (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral 3-4-38 Friday 9 A.M. (Date) (Day of Week) (Hour)

Services at Queen of the Angels

Clergyman Father Ahern

His Address

Religion of the Deceased catholic

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Nwk. City Hosp.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to N. Arlington N.J.

Size and Style of Casket Half couch. Cloth covered, steel gray (State Color) silver gray interior

Manufactured by

Interment at Holy Cross N. Arlington N.J. { Cemetery / Crematory

Grave cared delivered to Mrs Rice.

Diagram of Lot or Vault

Lot No. ......

Grave No. ......

Section No. ......

Owner

| Item | Amount |
|---|---|
| Complete Funeral | $ 225 |
| Casket, | |
| Metallic Lining .... (State Kind) | |
| Outside Box ...... (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body .... with .... Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit of Dress, $ ...... Slippers, $ | |
| Folding Chairs, $ (State Color) Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousine to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 46 |
| Cremation | |
| line Death Notices in Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ .. Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | 8 |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Mass | 15 |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ 294 |

Entered into Ledger, page ..... or below

To Funeral Charges .... Total, $ | By Cash $

Paid Mar 4th 1938

Insurance $ Names of Lodges Insurance Companies Met. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to (Post Death Finance Clause) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Witness Signed Address

Compiled by F. J. FRENTMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 20 Date Aug. 21st 1938

... Elizabeth Woods (Single – Married – Divorced) Colored (What Race) Ga. (Where From)

...ased Alms House 324 Hill (Husband – Wife – Widow) Thomas Woods

...o Elijah, ...

... Wallace St.

...ew Turner, Elijah

... ...

...ngaged House wife

...

March 26th (Date) (Place)

... unknown

... 51 (Months) (Days)

3-29-38 Tues (Day of Week) 2 P.M. (Hour)

... Light Baptist Church

Rev. M. J. Baldwin

...ceased Baptist

... (City or Town or City or County) (State) (County)

Alms House 324 Hill

... present

... Hosp. staff (or Coroner)

Peter Black

Ga.

Mother Elizabeth ?

Ga.

... Juidson ... M. J.

Casket Cut Top (State Kind)

... ... steel gray

Rosehill (Cemetery / Crematory)

Lot No. ...

Grave No. 313

Section No. 24

Owner ...

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 100 | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box paint (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ ... Slippers, $ | | |
| Folding Chairs, $ (State Count) Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R.-R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 25 | |
| Cremation | | |
| ...line Death Notices in ... Papers (Names of Newspapers) | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | | |
| Telegraph, Phone, Cable or Radio Charges | | |
| Cash Advanced | 1 | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| ~~Extras~~ Certified copy | ½ | 50 |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance | $ 126 | 50 |

Entered into Ledger, page ... or below.

...o Funeral Charges ... Total, $

By Cash $

Names of Lodges

Insurance Companies Met. Life Ins. Co.

... above Funeral, and I hereby represent that I have sufficient resources Legally available to ...

...funeral sum, and I hereby covenant and agree to pay the same within ... (Name of Funeral Director) days from date. Interest to accrue from ... per annum

Signed ...

Address ...

# RECORD OF FUNERAL

Total No. .......... Yearly No. 17 Date Dec. 7th 193

Name of Deceased Alfred Rice (Single—Married—Divorced) Colored (What Race) (Where Born)

Residence of Deceased 69 Hoyt St. Nwk. Husband—Wife—Widow Mary L. Rice

Charge to Mrs Mary L. Rice

Address 69 Hoyt St. Nwk.

Order given by Mrs Mary L. Rice (or Agents of)

How Secured by phone

Occupation of Deceased Laborer

Name of Employer

Address

Date of Death March 1st 1938 (Day) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral 3-4-38 Friday (Day of Week) 9 A.M. (Hour)

Services at Queen of the Angels

Clergyman Father Ahern

His Address

Religion of the Deceased Catholic

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Nwk. City Hosp.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship Remains to N. Arlington N.J.

Size and Style of Casket Half couch Colgon (Style Case) end, dark gray, silver gray ...

Manufactured by

Interment at Holy Cross N. Arlington N.J. Cemetery / Crematory

Grave card delivered to Mrs Rice.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| | |
|---|---|
| Complete Funeral | $ 225 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ Slippers, $ | |
| Folding Chairs, $ (State Color) Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Auto to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (Both Number and District) | |
| Certif. Copies of Death Certificates No. (Name Physician or Coroner) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 46 |
| Cremation | |
| Line Death Notices in Papers (Names of Newspapers) | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | 8 |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Mass | 15 |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ 294 |
| Entered into Ledger, page ... or below. | |

To Funeral Charges ... Total, $     By Cash ... $

Paid Mar 4th 1938

Insurance $    Name of Lodge    Insurance Company Met. Life. Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness    Address

Compiled by F. J. FEHRMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 10 ........ Date Mar. 21st 1938

Name of Deceased Elizabeth Woods (Single—Married—Divorced) ........ Calumet (Which State) ........ Ia. (Which State)

Residence of Deceased Alms House Jny Hill ........ Husband—Wife—Widow Thomas Woods

Charge to Rev. Elijah, Turner

Address 52 Wallace St.

Order given by Rev. Turner Elijah

How Secured in person

Occupation of Deceased House wife

Name of Employer

Address

Date of Death March 26th ........ (Hour) ........ (Hour)

Date of Birth unknown

Age about 51 (Years) (Months) (Days)

Date of Funeral 3-29-38 Tues 2 P.M. (Date) (Day of Week) (Hour)

Services at Life Light Baptist Church

Clergyman Rev M. J. Baldwin

His Address

Religion of the Deceased Baptist

Resided in the State

Place of Death Alms House Jny Hill

Cause of Death see permit

Contributory Causes

Certifying Physician Hosp. staff

His Address

Name of Father Peter Black

His Birthplace Ga.

Maiden Name of Mother Elizabeth ?

Her Birthplace Ga.

Ship Remains to Linden N. J.

Size and Style of Casket Cast Top octagon end, steel gray

Manufactured by

Interment at Rosehill ........ Cemetery / Crematory

Grave card delivered to Rev. Elijah Turner

Lot No. ........ Grave No. 313 Section No. 24 Owner

Diagram of Lot or Vault

| Item | $ | |
|---|---|---|
| Complete Funeral | 100 | |
| Casket | | |
| Metallic Lining | | |
| Outside Box pine (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with ........ Fluid (State Kind) | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ ........ Slippers, $ | | |
| Folding Chairs, $ ........ Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery ........ @ $ | | |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificate No. (State Number and Describe) | | |
| Pall Bearer Service, $ ........ Use of Chapel, $ (State Physician's or Coroner's) | | |
| Personal Service | | |
| Outlay for Lot | 25 | |
| Cremation | | |
| ........ Death Notices in ........ Papers | | |
| Flowers, $ ........ Palms, $ ........ Matting, $ (Name of Newspapers) | | |
| Rental of Tent, $ ........ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ........ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Motor Tickets, $ ........ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Certified copy | | 50 |
| Total Footing of Bill | | |
| Less | | |
| Balance | 125 | 50 |

Entered into Ledger, page ........ or below.

To Funeral Charges ........ Total, $

By Cash ........ $

Paid Apr. 14 1938

Names of Lodges ........ Insurance Companies Mut. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ........ (Give Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Address

# RECORD OF FUNERAL

Total No. ...... Yearly No. 16 Date Mar. 7th 1938

Name of Deceased Infant George McNeil (Single – Married – Divorced) Colored (What Race) M. (Where Born)

Residence of Deceased 68 Howard St. Hart. Husband – Wife – Widow or none {George McNeil

Charge to George McNeil

Address 68 Howard St. 3rd fl.

Order given by George McNeil

How Secured in person

Occupation of Deceased

Name of Employer

Address

Date of Death Mar. 5th (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral 3-7-38 (Date) Mon. (Day of Week) 3 P.M. (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased Baptist

Resided in the State Lifetime (In the City or County) (Years) (Months)

Place of Death 68 Howard St. Hart.

Cause of Death

Contributory Causes

Certifying Physician County Physician (or Coroner)

His Address

Name of Father George McNeil

His Birthplace

Maiden Name of Mother Kirk

Her Birthplace

Motor / Ship } Remains to Elizabeth, N.J.

Size and Style of Casket white lamb's skin, open full length (State Color)

Manufactured by N.J.C. Co.

Interment at Evergreen {Cemetery / Crematory}

Diagram of Lot or Tomb

Lot No. Row 1-H

Grave No. 36

Section No. 3-C-MG

Owner

| Item | Amount |
|---|---|
| Complete Funeral | $ 35 – |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box pine (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ Turpitin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 10 – |
| Cremation | |
| line Death Notices in Papers (Names of Newspapers) | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ 45 – |

Entered into Ledger, page 1 or below.

To Funeral Charges Total, $

By Cash $

Paid in full Mar. 14th 1938 D.C.

Insurance $ Names of Lodges Insurance Companies Met. Life. Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 17 Date: Dec. 7th 1938

...of Mrs. Josephine Jackson Colored Va.
(Single—Married—Divorced) (What Race) (Where Born)

...ceased 566 McChesney St. Orange (Husband—Wife—Widow) N.J. of William Jackson

... William Jackson

... McChesney St. Orange

... Stinson ... ...

... Family Undertaker

...eceased House wife

... Mar. ... 1938 ... 3:00
(Day) (Hour)

... Sept. 7th 18.70

... 67 8
(Years) (Months) (Days)

... 3-9-38 Wed 5.30 P.M.
(Date) (Day of Week) (Hour)

...6 McChesney St. Orange

...eceased Baptist

...ate (of U. S. or City or Country) (Years) (Months)

566 McChesney St. O...

...Rev. W. G. Alexander
(or Coroner)

... Webster St. Orange

... Nathan Curtis

... Va.

Mother Nancy Wallace

Va.

... Plain Stalive...

Casket Hinged top, octagon

... gray plush

...Harrisburg Va. { Cemetery Crematory

Lot No.

Grave No.

Section No.

Owner.

| | | |
|---|---|---|
| Complete Funeral | $ 175 | |
| Casket | | |
| Metallic Lining | | |
| Outside Box pine painted, ... (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ Slippers, $ | | |
| Folding Chairs, $ (State Color) Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | 25 |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | 1 | 00 |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| Ins Death Notices in Papers (State of Newspapers) | 2 | 50 |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | |
| Loss | $ | |
| Balance | $ 178 | 75 |

Entered into Ledger, page ... or below.

...Funeral Charges ... Total, $ ...

By Cash

Paid Mar. 17th 1938

Names of Lodges

Insurance Companies Met. Life Ins. Co.

...above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors)

...funeral cost, and I lawfully covenant and agree to pay the same within ... days from date. Interest on above from ... of 6% per annum.

Signed

Address

(Published by F. J. PETERSON, St. Louis, Mo.)

# RECORD OF FUNERAL

Total No. ........ Yearly No. 16 Date Mar. 7th 193..

Name of Deceased Infant George McNeil (Single—Married—Divorced) Colored (What Race) M. (Where Born)

Residence of Deceased 69 Howard St. Hart. Husband—Wife—Widow—er of ........ George McNeil

Charge to George McNeil

Address 69 Howard St. 3rd fl.

Order given by George McNeil (or Individual)

How Secured in person

Occupation of Deceased

Name of Employer

Address

Date of Death Mar. 5th (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral 3-7-35 (Date) Thur. (Day of Week) 3 P.M. (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased Baptist

Resided in the State Lifetime (In U.S., or City or Country) (Years) (Months)

Place of Death 69 Howard St. Hart.

Cause of Death

Contributory Causes

Certifying Physician County Physician (or Coroner)

His Address

Name of Father George McNeil

His Birthplace

Maiden Name of Mother Ruth

Her Birthplace

Motor / Ship } Remains to Elizabeth, N.J.

Size and Style of Casket white lambs wool, open full length (Style Color)

Manufactured by N.J.C. Co.

Interment at Evergreen { Cemetery / Crematory }

Lot No. Row 1-H

Grave No. 36

Section No. 3-C-M.G.

Owner

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 35 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box pine (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 10 |
| Cremation | |
| Line Death Notices in Papers (Names of Newspapers) | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ 45 |

Entered into Ledger, page ... or below

To Funeral Charges .... Total, $ ........ By Cash ........ $

Paid in Full [illegible]

Insurance $ Name of Lodge Insurance Companies Met. Life Ins.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue after maturity at the rate of 6% per annum.

Signed

Witness Address

# RECORD OF FUNERAL

Total No. ........ Yearly No. 17 ........ Date Dec. 7th 1938

Name of Deceased Mrs. Josephine Jackson (Single—Married—Divorced) Colored (What Race) Va. (Where Born)

Residence of Deceased 566 McChesney St. Orange (Husband—Wife—Widow) W.P. William Jackson

Charge to Mr. William Jackson

Address 566 McChesney St. Orange

Order given by William Jackson

How Secured Family Undertaker

Occupation of Deceased House wife

Name of Employer ........

Address ........

Date of Death Dec. 4th 1938 3.00 P.M. (Date) (Hour)

Date of Birth July 25th 1871 (Date)

Age about 67 8 (Years) (Months) (Days)

Date of Funeral 12-9-38 Thurs. 2 P.M. (Date) (Day of Week) (Hour)

Services at 566 McChesney St. Orange

Clergyman ........

His Address ........

Religion of the Deceased Baptist

Resided in the State ........ (or U.S. or City or Country) (Years) (Months)

Place of Death 566 McChesney St. Or.

Cause of Death ........

Contributory Causes ........

Certifying Physician Dr. W. G. Alexander (or Coroner)

His Address 14 Webster St. Orange

Name of Father Nathan Curtis

His Birthplace Va.

Maiden Name of Mother Nancy Wallace

Her Birthplace Va.

Motor/Ship Remains to Penn. Station

Size and Style of Casket Hinged top, octagon end, slate gray plush (State Color)

Manufactured by ........

Interment at Harrisburg Va. (Cemetery / Crematory)

(Diagram of Lot or Vault)

Lot No. ........

Grave No. ........

Section No. ........

Owner. ........

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 175 | |
| Casket | | |
| Metallic Lining | | |
| Outside Box pine painted (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ...... with ...... Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ...... Hose, $ | | |
| Suit or Dress, $ ...... Slippers, $ | | |
| Folding Chairs, $ ...... Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Spray, $ ...... Gloves, $ | | |
| Funeral Car, $ ...... Ambulance, $ | | |
| Limousines to Cemetery ...... @ $ | | |
| Autos to R. R. Station ...... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | 25 |
| Certif. Copies of Death Certificates No. (State Number and District) | 1 | 00 |
| Pall Bearer Service, $ ...... Use of Chapel, $ (State Physician's or Coroner's) | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| ...... Death Notices in ...... Papers (Names of Newspapers) | 2 | 50 |
| Flowers, $ ...... Palms, $ ...... Matting, $ | | |
| Rental of Tent, $ ...... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ...... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | |
| Railroad or Motor Tickets, $ ...... Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out-of-town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | | |
| Less | | |
| Balance | 178 | 75 |

Entered into Ledger, page ...... or below.

To Funeral Charges ...... Total, $

By Cash

Paid Dec. 17th 1938

Amount $ ...... Names of Lodges ...... Insurance Companies Met. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum. (Firm Name of Funeral Directors.)

Witness ........ Signed ........

Address ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 19 ........ Date Mar. 21st 1938

Name of Deceased Single William [illegible] Adams ........ (Single—Married—Divorced) Colored ........ (What Race) Ala. ........ (Where Born)

Residence of Deceased 1314 [illegible] ave 1st pl. Husband—Wife—Widow of [illegible]

Charge to Mrs. [illegible] Adams [illegible]

Address [illegible]

Order given by [illegible] Adams (or otherwise)

How Secured Recommended

Occupation of Deceased Laborer

Name of Employer ........

Address ........

Date of Death Mar. 13th 1938 12 [illegible] (Date) (Hour)

Date of Birth Ala. 1891

Age 48 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased Baptist

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death [illegible] City Hosp.

Cause of Death Lobar Pneumonia

Contributory Causes ........

Certifying Physician Hosp. staff (or Coroner)

His Address ........

Name of Father Jack Adams

His Birthplace Ala.

Maiden Name of Mother [illegible] Whitfield

Her Birthplace Ala.

Shipped / Remains to [illegible] Ala.

Size and Style of Casket [illegible] (State Color) silver gray plush

Manufactured by ........

Interment at [illegible] Ala. (Cemetery / Crematory)

| Item | $ |
|---|---|
| Complete Funeral | 1 75 |
| Casket | |
| Metallic Lining | |
| Outside Box pine, painted, [illegible] (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ...... with (State Kind) Fluid | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ ...... Slippers, $ | |
| Folding Chairs, $ ...... (State Color) Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousines to Cemetery ...... @ $ | |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ...line Death Notices in ...... Papers (Names of Newspapers) | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ...... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ ...... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced for R.R. fare | 52 65 |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ 228 65 |

Entered into Ledger, page ...... or below.

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

Diagram of Lot or Vault

| To Funeral Charges ... Total, $ | By Cash $ |
|---|---|
| | Paid Mar. 23 1938 [illegible] |

Insurance $ ...... Names of Lodges ...... Insurance Companies [illegible] Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. PEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 16 Date Mar. 7 ...

Name of Deceased: Infant George McNeil (Single — Married — Divorced) Colored (What Race)

Residence of Deceased: 69 Howard St. ... (Husband—Wife—Widow—Widower) ... George ...

Charge to: George McNeil

Address: 69 Howard St. ...

Order given by: George McNeil (or Informant)

How Secured: in person

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death: Mar. 5th (Date) (Hour)

Date of Birth ........

Age ........ (Years) (Months) (Days)

Date of Funeral: 3-7-38 (Date) Mon. (Day of Week) 3 P.M. (Hour)

Services at: Funeral Home

Clergyman ........

His Address ........

Religion of the Deceased: Baptist

Resided in the State: Lifetime (In this City or County) (Years) (Months)

Place of Death: 69 Howard St. ...

Cause of Death ........

Contributory Causes ........

Certifying Physician: County Physician (or Coroner)

His Address ........

Name of Father: George McNeil

His Birthplace ........

Maiden Name of Mother: Keith

Her Birthplace ........

Relationship: Remains to Elizabeth, N.J. ...

Size and Style of Casket: white ... (State Color) ... open full length

Manufactured by: N.J.C. Co.

Interment at: Evergreen (Cemetery) (Crematory)

Lot No. Row 1-H

Grave No. 34

Section No. 3-C-M.G.

Owner ........

(Diagram of Lot or Vault)

| Item | |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining ... (State Kind) | |
| Outside Box: pine (State Kind) | |
| Burial Vault ... (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... (State Color) Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| Line Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | |
| Less | |
| Balance | |
| Entered into Ledger, page ... or below. | |

To Funeral Charges ... Total, $

By Cash

Paid in full ... 3-...-38

Insurance $ ... Name of Lodges ... Insurance Company: Met. Life

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral ...) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. ... maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. ...18... Date March 7th 193[illegible]

Name of Deceased [illegible] White (Single — Married — Divorced) (White Race)

Residence of Deceased 117 Main St. E.C.

Charge to Mrs. Maria Summerville

Address 203 Glenwood Ave. E.C.

Order given by Mrs. Elizabeth Roberts (Relationship)

How Secured [illegible]

Occupation of Deceased Painter

Name of Employer [illegible]

Address N. Clinton St. E.C.

Date of Death Mar. 5th (Date) Hour

Date of Birth May 1900

Age 37 (Years) (Months) (Days)

Date of Funeral Mar. (Date) Day of Week Hour

Services at Funeral Home

Clergyman Rev. N. J. [illegible]

His Address N. Clinton St. E.C.

Religion of the Deceased Baptist

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father Cornelius White

His Birthplace N.C.

Maiden Name of Mother Cora [illegible]

Her Birthplace N.C.

Motor / Ship } Remains to: Bloomfield N.J.

Size and Style of Casket square [illegible] (State Cost)

Manufactured by [illegible] C. Co.

Interment at [illegible] { Cemetery / Crematory

Lot No. 1

Grave No. 17

Section No. 3

Row 18

[illegible] Mrs. Summerville 3-8-38

(Diagram of Lot or Vault)

| | |
|---|---|
| Complete Funeral | $ 8[illegible] |
| Casket | |
| Metallic Lining | |
| Outside Box | |
| Burial Vault | |
| Embalming Body | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit of Dress, $ ... Slippers, $ | |
| Door Spray, $ ... Gloves, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificate | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 50 / 35 |
| Cremation | |
| See Death Notices in ... Papers | |
| Flowers, $ ... Palms, $ ... Mailing, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Steamship Tickets, $ ... Auto Service, $ | |
| Telegs., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | |
| Less | |
| Balance | $ 137 |

Entered into Ledger, page ... or below.

By Cash [illegible]

To Funeral Charges ... Total, $

Insurance $ ... Names of Lodges ... Insurance Company

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... Full Name of Person Ordering, Ages from date. Interest to accrue from

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within maturity at the rate of 6% per annum.

Signed

Address

Witness

Compiled by F. J. FRIEDMANN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 19 Date Mar. 21st 1938

...ased Jigger (Widowed) Adams Colored (Race)
(Single—Married—Widowed)

...Deceased 126 ... St. 1st fl. ...

...ellie ... Adams ...

... Adams

Recommended

... Deceased Laborer

...loyer

Mar. 13th 1938 12th (Hour)

Oct. 1891

48 (Years) (Months) (Days)

(Date) (Day of Week) (Hour)

... Deceased Baptist

... State
(in U. S. or City or Country) (Years) (Months)

Hosp. City Hosp.

...h. Lobar Pneumonia

... Causes

...ysician. Hosp. staff (or Coroner)

...er. Jack Adams

... Ga.

... of Mother Emdora Whitfield

... Ga.

...es to J. Stakeley Ga.

... Casket ... (State Color)

... gray plush

... by

J. Stakeley ... Ga. Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | 7 | 15 |
| Casket | | |
| Metallic Lining | | |
| Outside Box pine, painted ... (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ ... Slippers, $ (State Color) | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. (State Number and Obtain) | 1 | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| line Death Notices in ... Papers | | |
| Flowers, $ ... Palms, $ ... Matting, $ (Classes of Evergreens) | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced for R. R. fare | 52 | 65 |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | | |
| Less | | |
| Balance | 228 | 65 |

Entered into Ledger, page ... or below.

To Funeral Charges ... Total $

By Cash

Paid Mar. 23 ...

Name of Lodges

Insurance Companies

...the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...

(Two Pages of Funeral Director)

...of amount sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from ...rate of 6% per annum.

Signed

Address

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 18 .... Date Mar. 7th 193[illegible]

Name of Deceased [illegible] (Single—Married—Divorced) .... Colored [illegible] (What Race) (Where Born)

Residence of Deceased 114 Main St. [illegible] .... Husband—Wife—Widow [illegible]

Charge to Mrs. Mary Sommerville

Address 203 [illegible] Ave. [illegible]

Order given by Mrs. Elizabeth Roberts (Relationship)

How Secured Recommended

Occupation of Deceased [illegible]

Name of Employer [illegible]

Address [illegible] Clinton St. [illegible]

Date of Death Mar. 5th (Month) (Day) (Hour)

Date of Birth May 1900

Age 37 (Years) (Months) (Days)

Date of Funeral Mar. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Rev. [illegible]

His Address [illegible] Clinton St. [illegible]

Religion of the Deceased Baptist

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes ........

Certifying Physician [illegible] (or Coroner)

His Address ........

Name of Father Cornelius [illegible]

His Birthplace N.C.

Maiden Name of Mother Cora [illegible]

Her Birthplace N.C.

Motor / Ship } Remains to Bloomfield N.J.

Size and Style of Casket square end [illegible] (State Color)

Manufactured by M. G. C. Co.

Interment at [illegible] { Cemetery / Crematory

| Diagram of Lot or Tomb | |
|---|---|
| [illegible] Sommerville 3/8 78 | Block / Lot No. 1 |
| | Grave No. 17 |
| | Section No. 3 |
| | [illegible] 18 |

| | | |
|---|---|---|
| Complete Funeral | $ | 82 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box pine (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ (State Color) Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | 40 |
| Cremation | | 35 |
| Insert Death Notices in Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance | $ | 137 |
| Entered into Ledger, page ... or below. | | |

| To Funeral Charges ....Total, $ | By Cash |
|---|---|
| | [illegible] |

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... for the payment of the amount ..., and I hereby covenant and agree to pay the same within ... 

Signed ........

Witness ........ Address ........

# RECORD OF FUNERAL

Total No. .......... Yearly No. 29 .......... Date Mar. 21st 1938

Name of Deceased: Joyce (William) Adams (Single—Married—Divorced) .......... Colored (What Race) .......... Male (Where Born)

Residence of Deceased: 136 Cornhurst St. 1st fl. .......... Husband or Wife: Jennie ?

Charge to: Mrs. [illegible] Adams, [illegible]

Address: [illegible]

Order given by: [illegible] Adams (or Coroner)

How Secured: Recommended

Occupation of Deceased: Laborer

Name of Employer ..........

Address ..........

Date of Death: Mar. 13th 1938 (Date) 12th [illegible] (Hour)

Date of Birth: Oct. 1891

Age: 48 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at ..........

Clergyman ..........

His Address ..........

Religion of the Deceased: Baptist

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death: [illegible] City Hosp.

Cause of Death: Lobar Pneumonia

Contributory Causes ..........

Certifying Physician: Hosp. staff (or Coroner)

His Address ..........

Name of Father: Jack Adams

His Birthplace: Ala.

Maiden Name of Mother: Candace Whitfield

Her Birthplace: Ala.

Ship Remains to: [illegible] Ala.

Size and Style of Casket: [illegible] (Trade Name) [illegible]

Manufactured by ..........

Interment at: [illegible] Ala. (Cemetery / Crematory)

Diagram of Lot or Vault

Lot No. ..........

Grave No. ..........

Section No. ..........

Owner ..........

| Item | Amount |
|---|---|
| Complete Funeral | $175 — |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind): pine, [illegible] | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ .... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ .... Hose, $ | |
| Suit or Dress, $ (State Color) .... Slippers, $ | |
| Folding Chairs, $ .... Tarpaulin, $ | |
| Candelabrum, $ .... Candles, $ | |
| Door Spray, $ .... Gloves, $ | |
| Funeral Car, $ .... Ambulance, $ | |
| Limousines to Cemetery .... @ $ | |
| Autos to R. R. Station .... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and Date) | |
| 2 Certif. Copies of Death Certificates No. | 1 — |
| Pall Bearer Service, $ .... (State Physician's or Coroner's) Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| .... Ins Death Notices in .... Papers | |
| Flowers, $ .... (Name of Newspapers) Palms, $ .... Matting, $ | |
| Rental of Tent, $ .... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ .... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ .... Singers, $ .... Organist, $ | |
| Railroad or Motor Tickets, $ .... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced: [illegible] | 52 65 |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ 228 65 |

Entered into Ledger, page .... or below.

| To Funeral Charges | Total, $ | By Cash | $ |
|---|---|---|---|
| | | Rec. Mar. 23 - 1938 [illegible] | |

Insurance $ .......... Name of Lodges .......... Insurance Companies: [illegible] Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to .......... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .......... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ..........

Witness .......... Address ..........

Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ..................  Yearly No. 25  Date Mar. 2?? 193?

Name of Deceased [illegible] (Single – Married – Divorced) [illegible] (When Born) S. C. (Where Born)

Residence of Deceased 37 [illegible] St.

Charge to [illegible]

Address [illegible]

Order given by [illegible]

How Secured [illegible]

Occupation of Deceased House Wife

Name of Employer

Address

Date of Death Mar. 1?th 193? (Date) 3 P.M. (Hour)

Date of Birth 1875

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) 1 P.M. (Hour)

Services at [illegible]

Clergyman [illegible]

His Address [illegible]

Religion of the Deceased [illegible]

Resided in the State (or U. S. or City or Country) (Years) (Months)

Place of Death 37 [illegible] St.

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address 26 [illegible]

Name of Father

His Birthplace S. C.

Maiden Name of Mother

Her Birthplace S. C.

Motor / Steam } Remains to [illegible]

Size and Style of Casket [illegible] (State Color)

Manufactured by

Interment at [illegible] { Cemetery / Crematory }

Diagram of Lot or Vault

Lot No.

Grave No. 260

Section No. 24

Owner

| | | | |
|---|---|---|---|
| Complete Funeral | $ | 135 | |
| Casket | | | |
| Metallic Lining | | | |
| Outside Box, (State Kind) [illegible] | | | |
| Burial Vault (State Kind) | | | |
| Embalming Body with (State Kind) Fluid | | | |
| Barber, $ Hair Dressing, $ | | | |
| Dressing Body | | | |
| Underwear, $ Hose, $ | | | |
| Suit or Dress, $ (State Color) Slippers, $ | | | |
| Folding Chairs, $ Tarpaulin, $ | | | |
| Candelabrum, $ Candles, $ | | | |
| Door Spray, $ Gloves, $ | | | |
| Funeral Car, $ Ambulance, $ | | | |
| Limousines to Cemetery @ $ | | | |
| Autos to R. R. Station @ $ | | | |
| Getting Remains from | | | |
| Taking Remains to | | | |
| Trip to Coroner's Inquest | | | |
| Delivering Box to | | | |
| Deliver Flowers to | | | |
| Removal Charges | | | |
| Procuring Burial Permit (State Number and District) | | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | | 50 |
| Pall Bearer Service, $ Use of Chapel, $ | | | |
| Personal Service | | | |
| Outlay for Lot | | 20 | |
| Cremation | | | |
| See Death Notices in (Names of Newspapers) Papers | | | |
| Flowers, $ Palms, $ Matting, $ | | | |
| Rental of Tent, $ of Temporary Vault, $ | | | |
| Opening of Grave or Tomb | | | |
| Lining Grave, $ Lowering Device, $ | | | |
| Outlay for Shipping Charges | | | |
| Clergyman, $ Singers, $ Organist, $ | | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | | |
| Telegr., Phone, Cable or Radio Charges | | | |
| Cash Advanced | | | |
| Out of town Undertaker's Charges | | | |
| Sales Tax | | | |
| Total Footing of Bill | $ | | |
| Less | $ | | |
| Balance | $ | 155 | 50 |
| Entered into Ledger, page ... or below. | | | |

| To Funeral Charges | Total, $ | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance $  Names of Lodges  Indemnity Company

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Witness  Signed  Address

Printed by F. J. FRIEDMAN, St. Louis, Mo.

Total No. / Name of Decease... / Residence of Dece... / Charge to / Address / Order given by / How Secured / Occupation of Dec... / Name of Employer / Address / Date of Death / Date of Birth / Age / Date of Funeral / Services at / Clergyman / His Address / Religion of the Dec... / Resided in the Stat... / Place of Death / Cause of Death / Contributory Cause... / Certifying Physician / His Address / Name of Father / His Birthplace / Maiden Name of M... / Her Birthplace / Motor Remains to / Size and Style of Ca... / Manufactured by / Interment at / Insurance $ / I hereby authorize the ab... / for the payment of afore... / maturity at the rate of 6...

# RECORD OF FUNERAL

Yearly No. 51 Date [illegible] 2nd 1951

...ased [illegible] (Single — Married — Divorced) [illegible] (What Race)

...eceased [illegible] (Husband's Wife, Widow...)

...Deceased

...yer

(Date) Oct. 3rd 1936 ... 20 (Hour)

(Years) 5 (Months) 10 (Days)

3-15-38 (Date) (Day of Week) 2 P.M. (Hour)

Funeral Home

...Deceased

...tate Lifetime (Length of Residence in State) (City or County) (Town) (Months)

Flint Cab Hosp.

...see pending

...ness

...cian Hosp. staff (or Coroner)

Louis [illegible]

Fla.

...Mother Mary [illegible]

Fla.

...to Elizabeth

Casket [illegible] (Trade Name)

...[illegible] full length

Evergreen {Cemetery / Crematory}

Plot No. 4-C-B Co.

Grave No. 14

Section No. 2

...Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | 35 | |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ..... with ..... Fluid | | |
| Barber, $..... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ..... Hose, $ | | |
| Suit or Dress, $ ..... (State Color) Slippers, $ | | |
| Folding Chairs, $ ..... Tarpaulin, $ | | |
| Candelabrum, $ ..... Candles, $ | | |
| Door Spray, $ ..... Gloves, $ | | |
| Funeral Car, $ ..... Ambulance, $ | | |
| Limousines to Cemetery ..... @ $ | | |
| Autos to R. R. Station ..... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. (State Number and District) | | 50 |
| Pall Bearer Service, $..... Use of Chapel, $ (State Residence or Commercial) | | |
| Personal Service | | |
| Outlay for Lot | 10 | |
| Cremation | | |
| ..... line Death Notices in ..... Papers (Names of Newspapers) | | |
| Flowers, $..... Palms, $..... Matting, $ | | |
| Rental of Tent, $..... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $..... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $..... Singers, $..... Organist, $ | | |
| Railroad or Major Tickets, $..... Aero-plane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | | |
| Less | | |
| Balance | 45 | 50 |
| Entered into Ledger, page ..... or below. | | |

...To Funeral Charges ..... Total, $

By Cash $

Names of Lodges

Insurance Companies Allied Life Ins. Co.

...above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Director)

...foresaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from ... of 6% per annum.

Signed

Address

Compiled by F. J. PEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ..................... Yearly No. 85 Date Mar. 7th 193[illegible]

Name of Deceased [illegible] (Single—Married—Widowed) Colored (What Race) N. C. (Where Born)

Residence of Deceased 37 [illegible] Pl.

Charge to Mrs. [illegible] daughter

Address 37 [illegible] Pl. 2nd fl. right

Order given by daughter [illegible]

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer

Address

Date of Death Mar. 14th 1931 (Date) [illegible] (Hour)

Date of Birth 1875

Age 56 Years Months Days

Date of Funeral 3-19-31 (Date) [illegible] (Day of Week) 1 P.M. (Hour)

Services at 150 [illegible] St.

Clergyman Rev. [illegible]

His Address [illegible] St.

Religion of the Deceased Baptist

Resided in the State

Place of Death 37 [illegible] Pl.

Cause of Death [illegible]

Contributory Causes

Certifying Physician Dr. [illegible]

His Address 26 [illegible] St.

Name of Father

His Birthplace N. C.

Maiden Name of Mother

Her Birthplace N. C.

Motor / Ferry } Remains to [illegible] N. J.

Size and Style of Casket [illegible] (State Color) [illegible]

Manufactured by

Interment at [illegible] (Cemetery / Crematory)

Diagram of Lot or Vault

Lot No.

Grave No. 260

Section No. 24

Owner

| | |
|---|---|
| Complete Funeral | $ 125 |
| Casket | |
| Metallic Lining | |
| Outside Box [illegible] (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ Slippers, $ | |
| Folding Chairs, $ (State Color) Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificate No. (State, Borough and District) (State Physician's or Coroner's) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| line Death Notices in Papers (Names of Newspapers) | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ 150 |
| Entered into Ledger, page ..... or below. | |

| To Funeral Charges | Total, $ | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance $ ........ Name of Lodge ........ Insurance Company ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Give Name of Fund or Insurance) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

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# RECORD OF FUNERAL

Total Number ...... Yearly No. 51 ...... Date [illegible] 21st ...... 1951

Name of Deceased [illegible] (Single — Married — Divorced) [illegible] (What Race) [illegible] (Where Born)

Residence of Deceased [illegible] (Husband's Wife—Widow—) [illegible]

Charges to [illegible]

Address [illegible]

Order given by [illegible] (or relationship)

How Secured [illegible]

Occupation of Deceased ......

Name of Employer ......

Address ......

Date of Death [illegible] 20 (Date) (Hour)

Date of Birth Oct. 3rd 1936

Age 1 (Years) 5 (Months) 18 (Days)

Date of Funeral 3-15-38 (Date) (Day of Week) 2 P.M. (Hour)

Services at Funeral Home

Clergyman ......

His Address ......

Religion of the Deceased ......

Resided in the State Lifetime (Cash in City or County) (Years) (Months)

Place of Death [illegible] City Hosp.

Cause of Death see previous

Contributory Causes ......

Certifying Physician Hosp. staff (or Coroner)

His Address ......

Name of Father Louis [illegible]

His Birthplace Fla.

Maiden Name of Mother Mary Thornton

Her Birthplace Fla.

Relative Remains to Elizabeth

Size and Style of Casket [illegible] (Gross Cost) [illegible]

Manufactured by ......

Interment at Evergreen { Cemetery / Crematory }

Plot No. 4-6-R.C. ......

Grave No. 14 ......

Section No. 2 ......

Owner ......

Diagram of Lot or Vault

| Item | $ | Amount |
|---|---|---|
| Complete Funeral | $ | 35 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box [illegible] (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ...... with ...... Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ...... Hose, $ | | |
| Suit or Dress, $ ...... Slippers, $ | | |
| Folding Chairs, $ ...... (State Color) Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Spray, $ ...... Gloves, $ | | |
| Funeral Car, $ ...... Ambulance, $ | | |
| Limousines to Cemetery ...... @ $ | | |
| Autos to R. R. Station ...... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificate No. (Death Physician's or Coroner's) | | [illegible] |
| Pall Bearer Service, $ ...... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | 10 |
| Cremation | | |
| line Death Notices in ...... (Name of Newspapers) Papers | | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | | |
| Rental of Tent, $ ...... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ...... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | |
| Railroad or Motor } Tickets, $ ...... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance | $ | 43.50 |

Entered into Ledger, page ...... or below.

| To Funeral Charges ...... Total, $ | | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance $ ...... Name of Lodge ...... Insurance Company [illegible] Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to [illegible] (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Witness ...... Signed ......

Address ......

Compiled by F. J. PETERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 25 Date Mar. 17th 193[illegible]

Name of Deceased Mr. [illegible] Cleveland (Single—Married—Divorced) (Widow—Widower)

Residence of Deceased [illegible]

Charge to Edward Cleveland [illegible]

Address 141 West St. [illegible]

Order given by [illegible]

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer [illegible]

Address [illegible]

Date of Death Mar. 11th, 193[illegible] (Date) (Hour)

Date of Birth 1867

Age

Date of Funeral (Year) (Month) (Date) (Hour) (Day of Week) 14th [illegible]

Services at Funeral Home

Clergyman Rev. [illegible]

His Address [illegible] St.

Religion of the Deceased Baptist

Resided in the State (or U.S. or City or County) (Years) (Mos.)

Place of Death [illegible] Hospital

Cause of Death Pneumonia

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father Edward Cleveland

His Birthplace

Maiden Name of Mother [illegible]

Her Birthplace

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] (State Color) [illegible]

Manufactured by

Interment at [illegible] { Cemetery / Crematory

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

Diagram of Lot or Vault

To Funeral Charges ........ Total $

| | |
|---|---|
| Complete Funeral | $ 125 |
| Casket | |
| Metallic Lining | |
| Outside Box | |
| Burial Vault | |
| Embalming Body | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body ........ Hose, $ | |
| Underwear, $ ........ Slippers, $ | |
| Suit or Dress, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificate | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| Use Death Notices in ........ Papers | |
| Flowers, $ ........ Forms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Auto Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | |
| Less | |
| Balance | $ 125 |

Entered into Ledger page ........ or below.

By Cash ........ $

Insurance $ ........ Name of Lodge ........ Name of Insurance Company

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available in the payment of above sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of ........% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEDERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 27 Date Aug. 4th 1938

...ased Minnie Linton (Single—Married—Divorced) Colored (What Race) Union City, Ga. (Where Died)

...ceased Mrs. W. Kennedy [illegible] Husband—Wife—Widow ... of Mr. Ben Baker

... Hamden St.

... Box

... New Family (or adopted)

...Deceased Housewife

... Aug. 16th (Date) 8:45 P.M. (Hour)

... May 8th 1883

... 2 (Years) 10 (Months) 16 (Days)

... 3-4-38 (Date) (Day of Week) (Hour)

... Union City Ga.

...Deceased Baptist

...late (in U. S. or City or County) (Years) (Months)

... Community 1 day

... see permit

...man Rev. Coleman (or Coroner)

... [illegible]

... George Baker

... Ga.

...f Mother Jane ?

... Ga.

... to Union City Ga.

...f Casket Octagon [illegible] (State Color)

... [illegible]

... Union City Ga. (Cemetery / Crematory)

Lot No. ...

Grave No. ...

Section No. ...

Owner ...

| Item | | $ |
|---|---|---|
| Complete Funeral | | 125 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) pine painted [illegible] (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ ... Slippers, $ (State Color) | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| 2 Certif. Copies of Death Certificate No. (State Number and Expiry) (Name Physician or Coroner) | | 1 |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| ... line Death Notices in ... Papers (Name of Newspapers) | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | | $ |
| Less | | $ |
| Balance | | $ 134 |

Entered into Ledger, page ... or below.

To Funeral Charges .... Total $

By Cash

Paid Aug. 7th 1938 [illegible]

...1.56 Names of Lodges ... Insurance Companies Allied Life [illegible]

...he above Funeral, and I hereby represent that I have sufficient resources legally available to ... (Firm Name of Funeral Director.)

...aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from ...e of 6% per annum

Signed ...

Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 2.. Date [illegible] 19..

Name of Deceased [illegible] Cleveland (Single Married Divorced) [illegible] (What Race) [illegible] (Where Born)

Residence of Deceased [illegible] Husband—Wife—Widow [illegible]

Charge to [illegible] Cleveland

Address [illegible]

Order given by [illegible] (or Moved)

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer [illegible]

Address [illegible]

Date of Death [illegible] (Date) (Hour)

Date of Birth [illegible] 1887

Age 33 (Years) (Months) (Days)

Date of Funeral [illegible] (Day of Week) (Hour)

Services at [illegible]

Clergyman Rev. [illegible]

His Address [illegible]

Religion of the Deceased [illegible]

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible]

His Address

Name of Father Edward Cleveland

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] (State Color) [illegible]

Manufactured by

Interment at [illegible] { Cemetery / Crematory

Lot No. ......

Grave No. 212

Section No. 24

Owner

Diagram of Lot or Tomb

| Item | Amount |
|---|---|
| Complete Funeral | 75 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) [illegible] (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... (State Color) Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabras, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and Date) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| line Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | |
| Less | |
| Balance | 100 |

Entered into Ledger page ...... or below.

| To Funeral Charges ... Total, $ | | By Cash | |
|---|---|---|---|
| | | | |

Insurance $ ...... Names of Lodges ...... Insurance Companies ......

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... (This Name of Funeral Director) days from date. Interest to accrue maturity at the rate of 6% per annum.

Signed

Witness ...... Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 22 Date March 16th 19[illegible]

Name of Deceased [illegible] (Single — Married — Divorced) Colored [illegible] City [illegible] (White Race) (Where Born)

Residence of Deceased [illegible] Husband—Wife—Widow [illegible]

Charge to [illegible]

Address 11 Hamden St.

Order given by Son

How Secured (or otherwise) New Family

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death March 16th (Date) [illegible] (Hour)

Date of Birth May 8th 1883

Age 52 (Years) 10 (Months) 16 (Days)

Date of Funeral 3-19-38 (Date) (Day of Week) (Hour)

Services at [illegible] City Ga.

Clergyman

His Address

Religion of the Deceased Baptist

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Community Hosp.

Cause of Death see permit

Contributory Causes

Certifying Physician Dr. Coleman (or Coroner)

His Address [illegible]

Name of Father George [illegible]

His Birthplace [illegible]

Maiden Name of Mother Jane ?

Her Birthplace Ga.

Motor / Ship } Remains to [illegible] City Ga.

Size and Style of Casket [illegible] (State Color) [illegible]

Manufactured by

Interment at [illegible] City Ga. { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral .... $ 135

Casket

Metallic Lining

Outside Box [illegible] (State Kind)

Burial Vault (State Kind)

Embalming Body .... with .... Fluid

Barber, $ .... Hair Dressing, $

Dressing Body

Underwear, $ .... Hose, $

Suit or Dress, $ .... (State Color) Slippers, $

Folding Chairs, $ .... Tarpaulin, $

Candelabrum, $ .... Candles, $

Door Spray, $ .... Gloves, $

Funeral Car, $ .... Ambulance, $

Limousines to Cemetery .... @ $

Autos to R. R. Station .... @ $

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

2 Certif. Copies of Death Certificate (State Physician's or Coroner's)

Pall Bearer Service, $ .... Use of Chapel, $

Personal Service

Outlay for Lot

Cremation

Ins Death Notices in .... Papers

Flowers, $ .... Palms, $ .... Matting, $ (Names of Newspapers)

Rental of Tent, $ .... of Temporary Vault, $

Opening of Grave or Tomb

Lining Grave, $ .... Lowering Device, $

Outlay for Shipping Charges

Clergyman, $ .... Singers, $ .... Organist, $

Railroad or Motor } Tickets, $ .... Berth or Stateroom Service, $

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Sales Tax

Total Footing of Bill

Less

Balance .... $ 135

Entered into Ledger, page .... below.

To Funeral Charges .... Total, $

By Cash $

Insurance $ [illegible] Name of Lodges

Insurance [illegible] Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient available means to provide for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Address

Witness .... Owner

Compiled by P. F. PEDERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 74 Date [illegible]

Name of Deceased [illegible] (Single—Married—Divorced) [illegible] (What Race)

Residence of Deceased [illegible] St. [illegible] Husband—Wife—Widow—er of [illegible]

Charge to [illegible]

Address [illegible]

Order given by [illegible]

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer [illegible]

Address ....

Date of Death [illegible] (Date) (Hour)

Date of Birth [illegible] 1862

Age [illegible] (Years) (Months) (Days)

Date of Funeral 3 [illegible] (Date) (Day of Week) 2 P.M. (Hour)

Services at [illegible]

Clergyman [illegible]

His Address [illegible]

Religion of the Deceased [illegible]

Resided in the State [illegible] (U. S. in City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] (State Color)

[illegible]

Manufactured by

Interment at [illegible] { Cemetery / Crematory

[illegible] Lot No. 1

Grave No. [illegible]

Section No. [illegible]

Owner

(Diagram of Lot or Vault)

| Complete Funeral | $ | 175 | |
|---|---|---|---|
| Casket | | | |
| Metallic Lining | | | |
| Outside Box (State Kind) [illegible] | | | |
| Burial Vault (State Kind) | | | |
| Embalming Body with (State Kind) Fluid | | | |
| Barber, $ ...... Hair Dressing, $ | | | |
| Dressing Body | | | |
| Underwear, $ ...... Hose, $ | | | |
| Suit or Dress, $ (State Color) ...... Slippers, $ | | | |
| Folding Chairs, $ ...... Tarpaulin, $ | | | |
| Candelabrum, $ ...... Candles, $ | | | |
| Door Spray, $ ...... Gloves, $ | | | |
| Funeral Car, $ ...... Ambulance, $ | | | |
| Limousines to Cemetery ...... @ $ | | | |
| Autos to R. R. Station ...... @ $ | | | |
| Getting Remains from | | | |
| Taking Remains to | | | |
| Trip to Coroner's Inquest | | | |
| Delivering Box to | | | |
| Deliver Flowers to | | | |
| Removal Charges | | | |
| Procuring Burial Permit (State Number and District) | | | |
| 3 Certif. Copies of Death Certificates No. 1 (Name Physician's or Coroner's) | | | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | | | |
| Personal Service | | | |
| Outlay for Lot | | 57 | |
| Cremation | | | |
| 2 line Death Notices in ...... Papers (Names of Newspapers) | | | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | | | |
| Rental of Tent, $ ...... of Temporary Vault, $ | | | |
| Opening of Grave or Tomb | | | |
| Lining Grave, $ ...... Lowering Device, $ | | | |
| Outlay for Shipping Charges | | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | | |
| Railroad or Motor } Tickets, $ ...... Aero-plane Service, $ | | | |
| Telegr., Phone, Cable or Radio Charges | | | |
| Cash Advanced | | | |
| Out of town Undertaker's Charges | | | |
| Sales Tax | | | |
| Total Footing of Bill | $ | | |
| Less | $ | | |
| Balance | $ | 252 | 25 |
| Entered into Ledger, page ...... or below. | | | |

| To Funeral Charges ...Total, $ | By Cash |
|---|---|
| | |

Insurance $ ...... Names of Lodges ...... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to run from maturity at the rate of 6% per annum.

Signed

Witness ...... Address

Supplied by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 20 Date [illegible] 19

...ased [illegible] (Single — Married — Divorced) Colored (What Race) S.C. (Where Born)

...Deceased 114 Main St. E.C. Husband—Wife—Widow daughter { Elizabeth Gregory

...s Elizabeth Roberts Grandmother

...y Main St

Grandmother (Relationship)

Contact

...Deceased

...ayer

...Mar 11th 1936 11:55 pm (Date) (Hour)

...Nov. 28th 1935

1 (Years) 3 (Months) 4 (Days)

...al 3-19-36 Sat. 2 P.M. (Date) (Day of Week) (Hour)

Funeral Home

Rev. [illegible]

"H Chandler" E.C.

...Deceased [illegible]

...State [illegible] (U.S. or City or County) (Town) (Month)

[illegible]

...h [illegible]

Causes

...sician by [illegible] (or Coroner)

Main St. E.C.

...r Warren Hicks

"H.C."

...of Mother Elizabeth Gregory

"H.C."

...s to Bloomfield N.J.

...of Casket [illegible] (State Color)

[illegible]

...by

Hendale (Cemetery Crematory)

...card
...daughter

...ate Road

Lot No.

Grave No.

Section No.

Owner

| | $ | |
|---|---|---|
| Complete Funeral | 37 | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box pine (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ (State Color) Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Date) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 15 | |
| Cremation | | |
| Line Death Notices in Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | | |
| Less | | |
| Balance | 32 | 50 |
| Entered into Ledger, page or below. | | |

| To Funeral Charges | Total, $ | By Cash | $ |
|---|---|---|---|
| | | Paid Ap. 2nd 1937 | |

Names of Lodges

Insurance Company

(Type Name of Funeral Director)

...the above Funeral, and I hereby represent that I have sufficient securities Legally available to ... days from date. Interest to accrue from ...

Signed

Address

# RECORD OF FUNERAL

Total No. ............ Yearly No. 24 ... Date [illegible] 19..

Name of Deceased [illegible] (Single — Married — Divorced) [illegible] (What Race) [illegible] (Where Born)

Residence of Deceased [illegible] Husband—Wife—Widow [illegible]

Charge to [illegible]

Address [illegible]

Order given by [illegible]

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer [illegible]

Address ............

Date of Death [illegible] (Date) (Hour)

Date of Birth [illegible]

Age [illegible] (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) 2 PM (Hour)

Services at [illegible]

Clergyman [illegible]

His Address [illegible]

Religion of the Deceased [illegible]

Resided in the State [illegible] (In U. S. A.) (City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] (State Color)

[illegible]

Manufactured by ............

Interment at [illegible] { Cemetery / Crematory

[illegible]

Diagram of Lot or Vault

Lot No. 1

Grave No. 31

Section No. 10

Owner ............

| Item | Amount |
|---|---|
| Complete Funeral | $ [illegible] |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) [illegible] (State Kind) | |
| Burial Vault | |
| Embalming Body ... with (State Kind) ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ (State Color) ... Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| 3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | 1 |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 84 |
| Cremation | |
| 3 line Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out-of-town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ 282 |

Entered into Ledger, page ... or below.

| To Funeral Charges .... Total, $ | | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance Co. ... Name of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ... for the payment of aforesaid sum, and I hereby contract and agree to pay the same within ... days from date. Interest to accrue at maturity at the rate of 6% per annum.

Signed ............

Witness ............ Address ............

# RECORD OF FUNERAL

Total No. ........ Yearly No. 20 Date ........ 19..

Name of Deceased ........ (Single – Married – Divorced) Colored E. C. (What Race) (Where Born)

Residence of Deceased 114 Main St. E. C. (Husband or Wife or Widow) daughter | Elizabeth Gregory

Charge to Mrs Elizabeth Roberts Grand mother

Address 114 Main St.

Order given by Grandmother (or Relation)

How Secured Contact

Occupation of Deceased

Name of Employer

Address

Date of Death Mar 11th 1935 11:55 PM (Date) (Hour)

Date of Birth Nov 28th 1934

Age 3 4 (Years) (Months) (Days)

Date of Funeral 3-19-35 Sat. 2 P.M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (in U.S., in City or County) (Years) (Months)

Place of Death Residence

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address Main St. E. C.

Name of Father

His Birthplace N. C.

Maiden Name of Mother Elizabeth Gregory

Her Birthplace N. C.

Motor / Ship / Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at (Cemetery / Crematory)

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | 37 | 50 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ (State Color) Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Date) | | |
| Certif. Copies of Death Certificate No. | | |
| Pall Bearer Service, $ (State Fraternity or Company) Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 15 | |
| Cremation | | |
| line Death Notices in Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | | |
| Less | | |
| Balance | 52 | 50 |

Entered into Ledger, page ... or below.

| To Funeral Charges ... Total, $ | By Cash $ |
|---|---|
| | Paid |

Insurance $ ........ Name of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum. (Firm Name & Funeral Director)

Signed

Witness ........ Address ........

Compiled by F. J. ........, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 27 ...... Date Dec. 7th ...... 1938

Name of Deceased Infant Charles Jackson (Single — Married — Divorced) Colored (What Race) M.J. (Where Born)

Residence of Deceased 16 Chester Ave. Husband — Wife — Widow — son — John Jackson

| | | |
|---|---|---|
| Charge to John Jackson | Complete Funeral | $ gratis |
| Address 16 Chester Ave | Casket | |
| Order given by Parker (or informant) | Metallic Lining | |
| How Secured Came | Outside Box ... pressed (State Kind) | |
| Occupation of Deceased | Burial Vault (State Kind) | |
| Name of Employer | Embalming Body ...... with ...... Fluid | |
| Address | Barber, $ ...... Hair Dressing, $ | |
| Date of Death Mar. 26th 1938 (Date) (Hour) | Dressing Body | |
| Date of Birth July 2nd 1938 | Underwear, $ ...... Hose, $ | |
| Age 8 (Months) 22 (Days) | Suit or Dress, $ ...... Slippers, $ | |
| Date of Funeral 3-29 (Date) Tues. (Day of Week) 12:30 (Hour) | Folding Chairs, $ (State Color) Tarpaulin, $ | |
| Services at Funeral Home | Candelabrum, $ ...... Candles, $ | |
| Clergyman Rev. C. Nelson | Door Spray, $ ...... Gloves, $ | |
| His Address Rutherford N.J. | Funeral Car, $ ...... Ambulance, $ | |
| Religion of the Deceased Methodist | Limousines to Cemetery @ $ | |
| Resided in the State Lifetime (Yrs.) (Months) | Autos to R. R. Station @ $ | |
| Place of Death St. Michaels Hosp. | Getting Remains from | |
| Cause of Death Meningitis | Taking Remains to | |
| Contributory Causes Measles | Trip to Coroner's Inquest | |
| Certifying Physician Hosp. staff (or Coroner) | Delivering Box to | |
| His Address | Deliver Flowers to | |
| Name of Father John Jackson | Removal Charges | |
| His Birthplace Newark N.J. | Procuring Burial Permit (State Number and District) | |
| Maiden Name of Mother Mary Richardson | Certd. Copies of Death Certificate No. | |
| Her Birthplace Va. | Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Motor Ship Remains to Elizabeth N.J. | Personal Service | |
| Size and Style of Casket ...... (State Color) | Outlay for Lot | 10 |
| Manufactured by ...... Co. | Cremation | |
| Interment at Evergreen (Cemetery / Crematory) | ...... line Death Notices in ...... Papers (Names of Newspapers) | |
| | Flowers, $ ...... Palms, $ ...... Matting, $ | |
| | Rental of Tent, $ ...... of Temporary Vault, $ | |
| | Opening of Grave or Tomb | |
| | Lining Grave, $ ...... Lowering Device, $ | |
| | Outlay for Shipping Charges | |
| | Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| | Railroad or Motor Tickets, $ ...... Aeroplane Service, $ | |
| | Teleg., Phone, Cable or Radio Charges | |
| | Cash Advanced | |
| | Out of town Undertaker's Charges | |
| | Sales Tax | |

Sketch of Lot or Vault: [illegible]

Row No. 1-2 ...... Grave No. 2 ...... Section No. 3 ...... Owner ......

Total Footing of Bill ...... $

Less ...... $

Balance ...... $ 10

Entered into Ledger, page ...... or below.

| To Funeral Charges ...... Total, $ | By Cash $ |
|---|---|
| | Paid for Grave Mar. 29 - 38 |

Insurance $ ...... Names of Lodges ...... Insurance Companies ......

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Witness ...... Signed ...... Address ......

# RECORD OF FUNERAL

Total No. ............ Yearly No. 24 ............ Date ............

Name of Deceased Russell Banks ............ (Single — Married — Divorced) ............ (What Race)

Residence of Deceased 73 N. Clinton St. ............ Husband—Wife—Widow ............

Charge to ............

Address 73 N. Clinton St.

Order given by Wife

How Secured ............

Occupation of Deceased ............

Name of Employer ............

Address ............

Date of Death ............ (Date) ............ (Hour)

Date of Birth Aug. 12th 1893 ............

Age 34 (Years) ............ (Months) ............ (Days)

Date of Funeral ............ (Date) ............ (Day of Week) 2 P.M. (Hour)

Services at ............

Clergyman ............

His Address ............

Religion of the Deceased Baptist

Resided in the State ............ (In U. S. — City or County) (Years) (Months)

Place of Death ............

Cause of Death ............

Contributory Causes ............

Certifying Physician ............ (or Coroner)

His Address ............

Name of Father ............

His Birthplace ............

Maiden Name of Mother ............

Her Birthplace ............

Motor / Ship } Remains to ............

Size and Style of Casket ............ (Trade Name)

Manufactured by ............

Interment at ............ ( Cemetery / Crematory )

Lot No. 11 ............

Grave No. 31 ............

Section No. 10 ............

Owner ............

Diagram of Lot or Vault

| | |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ...... with (State Kind) ...... Fluid | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ (State Color) ...... Slippers, $ | |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousines to Cemetery ...... @ $ | |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| 3 Certif. Copies of Death Certificate No. (State Number and District) | |
| Pall Bearer Service, $ ...... Use of Chapel, $ (State Physician's or Coroner's) | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ...... line Death Notices in ...... Papers (Names of Newspapers) | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ...... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad / or Motor } Tickets, $ ...... Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |
| Entered into Ledger, page ...... or below. | |

| To Funeral Charges .... Total, $ | | By Cash ............ $ |
|---|---|---|
| | | |

Insurance $ ............ Names of Lodges ............ Insurance Companies ............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest after maturity at the rate of 6% per annum. (Firm Name of Funeral ...)

Signed ............

Witness ............ Address ............

# RECORD OF FUNERAL

Total No. ........ Yearly No. ........ Date ........ 19 ..

- Name of Deceased ........ (Single – Married – Divorced) ........ (What Race) ........ (Where Born)
- Residence of Deceased ........ Husband—Wife—Widow of ........
- Charge to ........
- Address ........
- Order given by ........ (or relationship)
- How Secured ........
- Occupation of Deceased ........
- Name of Employer ........
- Address ........
- Date of Death ........ (Date) ........ (Hour)
- Date of Birth ........
- Age ........ (Years) (Months) (Days)
- Date of Funeral ........ (Date) (Day of Week) (Hour)
- Services at ........
- Clergyman ........
- His Address ........
- Religion of the Deceased ........
- Resided in the State ........ or U. S. or City or County) (Years) (Months)
- Place of Death ........
- Cause of Death ........
- Contributory Causes ........
- Certifying Physician ........ (or Coroner)
- His Address ........
- Name of Father ........
- His Birthplace ........
- Maiden Name of Mother Margaret ........
- Her Birthplace ........
- Motor / Ship } Remains to ........
- Size and Style of Casket ........ (State Color)
- Manufactured by ........
- Interment at ........ { Cemetery / Crematory

Diagram of Lot or Vault

Lot No. ........
Grave No. 263
Section No. ........
Owner ........

- Complete Funeral $ 10
- Casket
- Metallic Lining
- Outside Box ........ (State Kind)
- Burial Vault ........ (State Kind)
- Embalming Body ........ with ........ Fluid
- Barber, $ ........ Hair Dressing, $
- Dressing Body ........
- Underwear, $ ........ Hose, $
- Suit or Dress, $ ........ (State Color) Slippers, $
- Folding Chairs, $ ........ Tarpaulin, $
- Candelabrum, $ ........ Candles, $
- Door Spray, $ ........ Gloves, $
- Funeral Car, $ ........ Ambulance, $
- Limousines to Cemetery ........ @ $
- Autos to R. R. Station ........ @ $
- Getting Remains from
- Taking Remains to
- Trip to Coroner's Inquest ........
- Delivering Box to
- Deliver Flowers to
- Removal Charges ........
- Procuring Burial Permit ........ (State Number and District)
- ........ Certif. Copies of Death Certificates No. ........ (State Physician's or Coroner's)
- Pall Bearer Service, $ ........ Use of Chapel, $
- Personal Service
- Outlay for Lot
- Cremation ........
- ........ Death Notices in ........ Papers (Names of Newspapers)
- Flowers, $ ........ Palms, $ ........ Matting, $
- Rental of Tent, $ ........ of Temporary Vault, $
- Opening of Grave or Tomb ........
- Lining Grave, $ ........ Lowering Device, $
- Outlay for Shipping Charges ........
- Clergyman, $ ........ Singers, $ ........ Organist, $
- Railroad / or Motor } Tickets, $ ........ Aero-plane Service, $
- Telegr., Phone, Cable or Radio Charges
- Cash Advanced ........
- Out of town Undertaker's Charges
- Sales Tax ........

Total Footing of Bill $
Less ........ $
Balance $ 10
Entered into Ledger, page ........ or below.

To Funeral Charges .... Total, $ ........ By Cash $

# RECORD OF FUNERAL

Yearly No. 27  Date Dec. 7th 1938

...ed Infant Charles Jackson (Single—Married—Divorced) Colored (What Race) M (Where Born)

...eased 16 Chester Ave  Husband—Wife—Widow son / John Jackson

John Jackson

16 Chester Ave

Father

Como

...eceased

Mar 26th 1938 (Date) (Hour)

July 5th 1938

(Years) 3 (Months) 22 (Days)

3-29 (Date) Tues (Day of Week) 12:30 (Hour)

Funeral Home

Rev. J. C. Nelson

Pittsburgh

...eceased Hallandale

...ate Pittsburgh

St. Michaels Hosp.

Meningitis

Mason

Hosp. staff (or Coroner)

John Jackson

Mother Mary Richardson

Elizabeth

Casket

white

Pittsburgh (Cemetery / Crematory)

Lot No. 1 2

Grave No. 2

Section No. 3

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | gratis | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ ... (State Color) Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. | | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 10 | |
| Cremation | | |
| ... Death Notices In ... Papers | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | | |
| Less | | |
| Balance | 10 | |

Entered into Ledger, page ... or below.

...o Funeral Charges  Total, $

By Cash

Names of Lodges

Insurance Companies

...above Funeral, and I hereby represent that I have sufficient resources Legally available to ...

...named sum, and I hereby covenant and agree to pay the same within ... days from date. I agree to ...

... per annum.

(Firm Name of Funeral Director)

Signed

Address

Compiled by F. J. FEISEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. ............ Date ............ 19...

Name of Deceased ............ (Single—Married—Divorced) ............ Colored [uncertain] (What Race) ............ (Where Born)

Residence of Deceased ............ Husband—Wife—Widow of ............

| | |
|---|---|
| Charge to ............ | Complete Funeral $ |
| Address ............ | Casket |
| Order given by ............ (or informant) | Metallic Lining ............ (State Kind) |
| How Secured ............ | Outside Box ............ (State Kind) |
| Occupation of Deceased ............ | Burial Vault ............ (State Kind) |
| Name of Employer ............ | Embalming Body with ............ Fluid |
| Address ............ | Barber, $ ............ Hair Dressing, $ |
| Date of Death ............ (Date) (Hour) | Dressing Body ............ |
| Date of Birth ............ | Underwear, $ ............ Hose, $ ............ |
| Age ............ (Years) (Months) (Days) | Suit or Dress, $ ............ (State Color) Slippers, $ ............ |
| Date of Funeral ............ (Day of Week) (Hour) | Folding Chairs, $ ............ Tarpaulin, $ |
| Services at ............ | Candelabrum, $ ............ Candles, $ |
| Clergyman ............ | Door Spray, $ ............ Gloves, $ |
| His Address ............ | Funeral Car, $ ............ Ambulance, $ |
| Religion of the Deceased ............ | Limousines to Cemetery ... @ $ |
| Resided in the State ............ (or U. S. or City or County) (Years) (Months) | Autos to R. R. Station @ $ ............ |
| Place of Death ............ | Getting Remains from |
| Cause of Death ............ | Taking Remains to |
| Contributory Causes ............ | Trip to Coroner's Inquest |
| Certifying Physician ............ (or Coroner) | Delivering Box to ... |
| His Address ............ | Deliver Flowers to |
| Name of Father ............ | Removal Charges ... |
| His Birthplace ............ | Procuring Burial Permit ............ Number and District |
| Maiden Name of Mother ............ | ... Certd. Copies of Death Certificate No. ............ (State Physician's or Coroner's) |
| Her Birthplace ............ | Pall Bearer Service, $ ............ Use of Chapel, $ |
| Motor / Ship } Remains to ............ | Personal Service ............ |
| Size and Style of Casket ............ (State Color) | Outlay for Lot ............ |
| Manufactured by ............ | Cremation ............ |
| Interment at ............ { Cemetery / Crematory | ... Death Notices in ............ Papers (Names of Newspapers) |
| Lot No. ............ | Flowers, $ ............ Palms, $ ............ Matting, $ |
| Grave No. 263 [uncertain] | Rental of Tent, $ ............ of Temporary Vault, $ |
| Section No. ............ | Opening of Grave or Tomb ............ |
| Owner ............ | Lining Grave, $ ............ Lowering Device, $ |
| Diagram of Lot of Vault | Outlay for Shipping Charges ............ |
| | Clergyman, $ ............ Singers, $ ............ Organist, $ |
| | Railroad or Motor } Tickets, $ ............ Aero-plane Service, $ |
| | Telegr., Phone, Cable or Radio Charges |
| | Cash Advanced ............ |
| | Out of town Undertaker's Charges |
| | Sales Tax ............ |
| | Total Footing of Bill $ |
| | Less ... $ |
| | Balance $ |
| | Entered into Ledger, page ............ or below. |

| To Funeral Charges ... Total, $ | | | By Cash | $ |
|---|---|---|---|---|
| | | | | |

Insurance $ ............ Names of Lodges ............ Insurance Companies ............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ... (Firm Name of Funeral Director) ... for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue ... maturity at the rate of 6% per annum.

Signed ............

Witness ............ Address ............

Compiled by F. J. PRIMEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ....... Yearly No. 84 Date Dec. 7th 1931

Name of Deceased: Infant Charles Jackson (Single—Married—Divorced) Colored (What Race) M (Where Sex)

Residence of Deceased: 16 Chester Ave. Husband—Wife—Widow: son of John Jackson

Charge to: John Jackson

Address: 16 Chester Ave.

Order given by: Father

How Secured: Contract

Occupation of Deceased

Name of Employer

Address

Date of Death: Mar. 26th 1932 (Date) (Hour)

Date of Birth: July 3rd 1938

Age: (Years) 8 (Months) 22 (Days)

Date of Funeral: 3-29 (Date) Tues. (Day of Week) 12:30 P.M. (Hour)

Services at: Funeral Home

Clergyman: Rev. C. Nelson

His Address: Fitzgerald ....

Religion of the Deceased: Methodist

Resided in the State: Life time (U.S. or City or County) (Years) (Months)

Place of Death: St. Michaels Hosp.

Cause of Death: Meningitis

Contributory Causes: Measles

Certifying Physician: Hosp. staff (or Coroner)

His Address

Name of Father: John Jackson

His Birthplace: Newark N.J.

Maiden Name of Mother: Mary Richardson

Her Birthplace: Va.

Remains to: Elizabeth N.J.

Size and Style of Casket: [illegible] top (State Color) [illegible] white

Manufactured by: N. C. Co.

Interment at: Evergreen (Cemetery / Crematory)

| Diagram of Lot or Vault | |
|---|---|
| [illegible] | Row Lot No. 1 8 |
| | Grave No. 2 |
| | MP Section No. 3 |
| | Owner |

Complete Funeral: $ gratis

Casket

Metallic Lining (State Kind)

Outside Box: pine (State Kind)

Burial Vault (State Kind)

Embalming Body with Fluid

Barber, $ ...... Hair Dressing, $

Dressing Body

Underwear, $ ...... Hose, $

Suit or Dress, $ (State Color) ...... Slippers, $

Folding Chairs, $ ...... Tarpaulin, $

Candelabrum, $ ...... Candles, $

Door-Spray, $ ...... Gloves, $

Funeral Car, $ ...... Ambulance, $

Limousine to Cemetery ...... @ $

Autos to R. R. Station ...... @ $

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit

Certif. Copies of Death Certificates No. (State Number and Section)

Pall Bearer Service, $ ...... Use of Chapel, $ (State Physician or Coroner's)

Personal Service

Outlay for Lot: 10

Cremation

Line Death Notices in ...... Papers (Names of Newspapers)

Flowers, $ ...... Palms, $ ...... Matting, $

Rental of Tent, $ ...... of Temporary Vault, $

Opening of Grave or Tomb

Lining Grave, $ ...... Lowering Device, $

Outlay for Shipping Charges

Clergyman, $ ...... Singers, $ ...... Organist, $

Railroad or Motor Tickets, etc. ...... Aeroplane Service, $

Teleg., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Sales Tax

Total Footing of Bill: $

Less: $

Balance: $ 10

Entered into Ledger, page ...... or below.

To Funeral Charges ...... Total, $

By Cash: $ ...... [illegible handwritten entry]

Insurance ...... Name of Lodges ...... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have ...... money legally available to ...... (Firm Name of Funeral Director) ...... for the payment of all sums due, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ...... Address

# RECORD OF FUNERAL

Total No. ........ Yearly No. ........ Date Aug. 7th ........ 19[illegible]

Name of Deceased [illegible] (Single — Married — Divorced) [illegible] (What Race) [illegible] (Where born)

Residence of Deceased [illegible] Elizabeth N.J. (Husband — Wife — Widow — Widower) [illegible]

Charge to [illegible]

Address [illegible]

Order given by [illegible] (or informant)

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer

Address

Date of Death June 25th 1938 (Date) [illegible] (Hour)

Date of Birth June 14th 1926

Age 11 (Years) (Months) 14 (Days)

Date of Funeral 7-3-38 (Date) [illegible] (Day of Week) 12:00 P.M. (Hour)

Services at [illegible] Protestant Episcopal

Clergyman

His Address

Religion of the Deceased [illegible]

Resided in the State [illegible] (in U.S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible] Kidney

Contributory Causes [illegible]

Certifying Physician Dr. Charles [illegible] (or Coroner)

His Address [illegible]

Name of Father James [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship } Remains to Elizabeth N.J.

Size and Style of Casket white plush full length, pink interior

Manufactured by N.J. Ca. Co.

Interment at Evergreen { Cemetery / Crematory

Lot No. [illegible]

Grave No. 18

Row / Section No. [illegible]

Owner

Diagram of Lot or Vault

| | |
|---|---|
| Complete Funeral | $175 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) [illegible] gray (State Kind) | |
| Burial Vault | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| line Death Notices in Papers (Names of Newspapers) | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |
| Entered into Ledger, page or below. | |

To Funeral Charges Total, $

By Cash $

[illegible] 1938

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within

Signed

Witness ........ Address

Compiled by F. J. FREEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 29 Date March 7th 1938

... M. Coleman McSwain Colored Ala.

... Hilda M. Swain wife

Complete Funeral $ 1.50

| Item | $ |
|---|---|
| Casket | |
| Metallic Lining | |
| Outside Box pine painted grey | |
| Burial Vault | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificates No. | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| Use Death Notices in ... Papers | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Boat Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | |
| Less | |
| Balance | 1.50 |

Entered into Ledger, page ... or below.

Wife

Contract

Deceased Laborer

Mar 2nd, 1938 10:15 PM (Date) (Hour)

Mar. 19th 1900

... 11 ... 14 (Months) (Days)

3-4-38 ... Fri. ... 1:30 P.M. (Date) (Day of Week) (Hour)

Funeral Home

Rev. Tompkins

Deceased Hospital

... Chronic Glomerula...

Wallace McSwain

Ala.

Mother Isabah Rickman

Ala.

Casket hinged top ... pine grey ...

Cemetery / Crematory ...

Lot No. ...

Grave No. 282

Section No. 24

Owner

To Funeral Charges ... Total, $

By Cash ... $

Mar. 9th 1938

Names of Lodges ... Insurance Companies ...

... above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Director) ... aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from ... of ...% per annum.

Signed ...

Address ...

Compiled by F. J. PRINTMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. ........ Date ........ 19

Name of Deceased ........ (Single — Married — Divorced) ........ (White Race) ........ (Where Born)

Residence of Deceased ........ Husband — Wife — Widow — Widower ........

Charge to ........

Address ........

Order given by ........ (or Informant)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death ........ (Date) ........ (Hour)

Date of Birth ........

Age ........ (Years) ........ (Months) ........ (Days)

Date of Funeral ........ (Date) ........ (Day of Week) ........ 12:30 (Hour)

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (in U.S. or City or Country) ........ (Years) ........ (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Motor / Ship } Remains to ........

Size and Style of Casket ........ (Cast Color) ........

Manufactured by ........

Interment at ........ { Cemetery / Crematory

Diagram of Lot or Vault

Lot No. ........

Grave No. 18

Section No. ........

Owner ........

Complete Funeral ........ $175

Casket ........

Metallic Lining ........

Outside Box ........ (Style Kind) ........ (State Kind)

Burial Vault ........

Embalming Body ........ with ........ (State Kind) Fluid

Barber, $ ........ Hair Dressing, $ ........

Dressing Body ........

Underwear, $ ........ Hose, $ ........

Suit or Dress, $ ........ Slippers, $ ........

Folding Chairs, $ ........ (State Color) Tarpaulin, $ ........

Candelabrum, $ ........ Candles, $ ........

Door Spray, $ ........ Gloves, $ ........

Funeral Car, $ ........ Ambulance, $ ........

Limousines to Cemetery ........ @ $ ........

Autos to R. R. Station ........ @ $ ........

Getting Remains from ........

Taking Remains to ........

Trip to Coroner's Inquest ........

Delivering Box to ........

Delivering Flowers to ........

Removal Charges ........

Procuring Burial Permit ........ (State Number and District)

....Certif. Copies of Death Certificate No. ........ (State Physician's or Coroner's)

Pall Bearer Service, $ ........ Use of Chapel, $ ........

Personal Service ........

Outlay for Lot ........

Cremation ........

........ line Death Notices in ........ Papers (Names of Newspapers)

Flowers, $ ........ Palms, $ ........ Matting, $ ........

Rental of Tent, $ ........ of Temporary Vault, $ ........

Opening of Grave or Tomb ........

Lining Grave, $ ........ Lowering Device, $ ........

Outlay for Shipping Charges ........

Clergyman, $ ........ Singers, $ ........ Organist, $ ........

Railroad or Motor } Tickets, $ ........ Aero-plane Service, $ ........

Telegr., Phone, Cable or Radio Charges ........

Cash Advanced ........

Out of town Undertaker's Charges ........

Sales Tax ........

Total Footing of Bill ........ $

Less ........ $

Balance ........ $

Entered into Ledger, page ........ or below.

To Funeral Charges ........ Total, $ ........

By Cash ........ $

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue at maturity at the rate of 6½ per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ......... Yearly No. 24 ......... Date March 7th 1938

Name of Deceased Mr. Coleman M. Swain (Single—Married—Divorced) ... Colerain [illegible] (Where Born) ... Ohio (Where Born)

Residence of Deceased ......... Husband—Wife—Widow ... Hilda Mooney

Charge to Mrs. Hilda M. Swain, wife

Address .........

Order given by Wife

How Secured Contact

Occupation of Deceased Salesman

Name of Employer .........

Address .........

Date of Death Mar. 2nd, 1938 (Date) ... (Hour)

Date of Birth Mar. 14th 1900?

Age 37 (Years) 11 (Months) 16 (Days)

Date of Funeral 3-4-38 (Date) ... (Day of Week) 1:30 P.M. (Hour)

Services at Funeral Home

Clergyman Rev. [illegible]

His Address .........

Religion of the Deceased Baptist

Resided in the State .........

Place of Death (in U. S. or City or County) (Town) (Hospital) [illegible] City ... Hosp.

Cause of Death Chronic Glomerular [illegible]

Contributory Causes [illegible]

Certifying Physician Hosp. staff (or Coroner)

His Address .........

Name of Father Wallace M. Swain

His Birthplace Ohio

Maiden Name of Mother [illegible]

Her Birthplace Ohio

(Boat / Ship) Remains to [illegible]

Size and Style of Casket [illegible]

[illegible]

Manufactured by [illegible]

Interment at [illegible] (Cemetery / Crematory)

| Complete Funeral | $ 150 | |
|---|---|---|
| Casket ......... | | |
| Metallic Lining ......... | | |
| Outside Box pine, painted gray (State Kind) | | |
| Burial Vault ......... (State Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body ......... | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ ... Slippers, $ | | |
| Folding Chairs, $ ... (State Color) Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from ... | | |
| Taking Remains to ... | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to ... | | |
| Deliver Flowers to ... | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| ... Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation ... | | |
| Ins. Death Notices in ... Papers (Names of Newspapers) | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced ... | | |
| Out of town Undertaker's Charges ... | | |
| Sales Tax ... | | |
| Total Footing of Bill | $ | |
| Less ......... | $ | |
| Balance ......... | $ 150 | |

Entered into Ledger, page ... or below.

Lot No. .........

Grave No. 222

Section No. 24

Owner .........

Diagram of Lot or Vault

| To Funeral Charges .... Total, $ | | By Cash | $ |
|---|---|---|---|
| | | [illegible] | |

Amount of Ordinator $ ... Name of Lodges ... Insurance Companies ...

I hereby authorize the above Funeral, and I hereby represent that I have sufficient ... Legally available to ... (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed .........

Witness ......... Address .........

Compiled by F. J. WIECHMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 31. Date. Aug. 1st 1938

Name of Deceased: James Moore (Single — Married — Divorced) ........ Colored (White Race) Va. (Where Born)

Residence of Deceased: North. H. Husband—Wife—Widow

Charge to: Wm. & Ella Moore: brother

Address: 2801 18th St. So. Arlington Va.

Order given by: W. Hoffman

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death: August 18th 1938 (Date) (Hour)

Date of Birth: 1904

Age: 34 (Years) (Months) (Days)

Date of Funeral: 4-22-38 (Date) (Day of Week) (Hour) M

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ or U.S. or City or County (Years) (Months)

Place of Death: North. City. Iowa.

Cause of Death: Sep. Tumor

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father: Thomas Moore

His Birthplace: Va.

Maiden Name of Mother: Josephine Perry

Her Birthplace: Va.

Remains to: Samuelville, Va.

Size and Style of Casket: 6'3" octagon end (Cloth Color) ... tops silver gray

Manufactured by: N.Y. C. Co.

Interment at: Samuelville Va. {Cemetery / Crematory}

Diagram of Lot or Vault

Lot No. ........
Grave No. ........
Section No. ........
Owner ........

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 100 | |
| Casket | | |
| Metallic Lining | | |
| Outside Box painted (State Kind) handles (State Kind) | | |
| Burial Vault | | |
| Embalming Body .... with .... (State Kind) Fluid | | |
| Barber, $ .... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ .... Hose, $ | | |
| Suit or Dress, $ .... Slippers, $ | | |
| Folding Chairs, $ .... Tarpaulin, $ | | |
| Candelabrum, $ .... Candles, $ | | |
| Door Spray, $ .... Gloves, $ | | |
| Funeral Car, $ .... Ambulance, $ | | |
| Limousines to Cemetery .... @ $ | | |
| Autos to R. R. Station .... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| ....Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ .... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| .... Death Notices in .... Papers (Names of Newspapers) | | |
| Flowers, $ .... Palms, $ .... Matting, $ | | |
| Rental of Tent, $ .... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ .... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ .... Singers, $ .... Organist, $ | | |
| Railroad or Motor Tickets, $ 15.50 Aeroplane Service, $ | 15 | 50 |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 115 | 50 |
| Less | | |
| Balance | 115 | 50 |

Entered into Ledger, page ...... or below.

| To Funeral Charges .... Total, $ | By Cash | $ |
|---|---|---|
| | | |

Insurance $ .... Names of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to .... (Firm Name of Funeral Directors) .... the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FRENEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. ..[illegible].. Date [illegible]

Name of Deceased [illegible] Byrnes (Single — Married — Divorced) single (What Race) (Where Born)

Residence of Deceased 11 Springfield Ave. Kearny (Widowed—Wife—Widow) [illegible]

Charge to Mr. James Byrnes

Address 11 Springfield Ave. Kearny

Order given by [illegible] (or otherwise)

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer

Address

Date of Death [illegible] 28th 1930 (Date) (Year)

Date of Birth [illegible] 14th 1876

Age [illegible] (Years) (Months) 14 (Days)

Date of Funeral [illegible] (Date) (Day of Week) [illegible] (Hour)

Services at [illegible]

Clergyman

His Address

Religion of the Deceased [illegible]

Resided in the State [illegible] (in U.S.) (in City or County) (Years) (Months)

Place of Death West Hudson Hosp. Kearny

Cause of Death Diabetes & Kidney

Contributory Causes [illegible]

Certifying Physician Dr. Chester [illegible] (or Coroner)

His Address [illegible]

Name of Father James Byrnes

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] (Name Casket)

Manufactured by [illegible]

Interment at [illegible] Cemetery / Crematory

Lot No. [illegible]

Grave No. 12

Section No. 24

Owner

Diagram of Grave Vault

Complete Funeral

Casket

Metallic Lining

Outside Box [illegible] gray (Outside Kind) (Outside Kind)

Burial Vault (Outside Kind)

Embalming Body with Fluid

Barber, $ Hair Dressing, $

Dressing Body

Underwear, $ Hose, $

Suit or Dress, $ Slippers, $

Folding Chairs, $ Tarpaulin, $

Candelabrum, $ Candles, $

Door Spray, $ Gloves, $

Funeral Car, $ Ambulance, $

Limousines to Cemetery @ $

Autos to R. R. Station @ $

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit

Certif. Copies of Death Certificates No.

Pall Bearer Service, $ Use of Chapel, $

Personal Service

Outlay for Lot

Cremation

....line Death Notices in ...... Papers

Flowers, $ Palms, $ Matting, $

Rental of Tent, $ of Temporary Vault, $

Opening of Grave or Tomb

Lining [illegible], $ Lowering Device, $

Outlay for Shipping Charges

Clergyman, $ Singers, $ Organist, $

Railroad or Motor Tickets, $ Aeroplane Service, $

Teleg., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Sales Tax

Total Footing of Bill $

Less $

Balance $

Entered into Ledger, page ...... or below.

To Funeral Charges .... Total, $

By Cash $

Insurance $ ...... Name of Lodges ...... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ... for the purpose of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to maturity at the rate of 6% per annum.

Witness ...... Signed ...... Address ......

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 38 Date Dec. 8th 1938

Name of Deceased Jessie Smith (Single — Married — Divorced) Married (What State) (Where Born)

Residence of Deceased 44 Montgomery St. Years in ... Husband — Wife — Widow of Jno. Smith

Charge to Ralph Smith son

Address 44 Montgomery St.

Order given by .......

How Secured Family Undertaker

Occupation of Deceased housewife

Name of Employer

Address

Date of Death April 19, 1938 (Date) 4:20 (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral 4-22-38 (Date) (Day of Week) 2:30 P.M. (Hour)

Services at Funeral Home

Clergyman Rev. Russell

His Address ........

Religion of the Deceased

Resided in the State (or U. S. of City or County) (Years) (Months)

Place of Death 44 Montgomery St.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to ........

Size and Style of Casket 1 .... steel grey (State Color) Half couch

Manufactured by ........

Interment at Clinton { Cemetery / Crematory

Lot No. 4

Grave No. 249

Section No. 4

Owner.

Diagram of Lot or Vault

| Item | Amount |
|---|---|
| Complete Funeral | $ 149 |
| Casket | |
| Metallic Lining | |
| Outside Box with painted grey (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with .... Fluid (State Kind) | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ Slippers, $ (State Color) | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ 2 Ambulance, $ | ...... |
| Limousines to Cemetery ..... @ $ | |
| Autos to R.-R. Station ..... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificates No. (State Number and Dates) (State Physician's or Coroner's) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| Ins Death Notices in Papers (Names of Newspapers) | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | 25 |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ 174 |

Entered into Ledger, page .... or below.

To Funeral Charges ... Total, $ | By Cash $

Insurance $ Names of Lodges

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to be for the payment of aforesaid sum, and I hereby covenant and agree to pay the same at the maturity at the rate of 6% per annum.

(First Name of Funeral Director) days from date. Interest to accrue from

Signed

Address

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 31 Date March 1st 1931

...ased Josie Moore (Single — Married — Divorced) Colored (What Race) Va. (Where Born)

...eceased Month H. Husband / Wife / Widow / Widower

...Ellen Moore Brother
...18th St. So. Arlington Va
To Hoffman
(of informant)

...Deceased

...yer

August 18th 1931 (Date) (Hour)
1 P.M.
34 (Years) (Months) (Days)
2-28-31 (Date) (Day of Week) (Hour)

...Deceased

...State (or U. S. or City or County) (Years) (Months)
Month City 1 day
Septicemia

...auses

...ician (or Coroner)

Thomas Moore
Va
...of Mother josephine Terry
Va

...to Samsville, Va.
...f Casket 6'3" octagon and (Cloth Color)
silver grey
...y N. J. C. Co.
Samsville Va. (Cemetery / Crematory)

Lot No.
Grave No.
Section No.
Owner.

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 100 | |
| Casket | | |
| Metallic Lining | | |
| Outside Box painted (State Kind), Handles (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ (State Color) Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| line Death Notices in Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ 14.00 Aeroplane Service, $ | 15 | 50 |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 115 | 50 |
| Less | | |
| Balance | 115 | 50 |

Entered into Ledger, page or below.

To Funeral Charges....Total, $ By Cash $

Names of Lodges Insurance Companies

...e above Funeral, and I hereby represent that I have sufficient resources Legally available to ...aforesaid sum, and I hereby covenant and agree to pay the same within (Trade Name of Funeral Directors) days from date. Interest to accrue from ... of 6% per annum.

Signed

Address

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 35 Date ............ 19

Name of Deceased ... Sadie Smith ... (Single—Married—Divorced) ... (What Race) (Where Born)

Residence of Deceased 44 Montgomery St. ... (Husband—Wife—Widow) ... John Smith

Charge to Ralph Smith ... son

Address 44 Montgomery St.

Order given by ...

How Secured ... Family ... (By telephone)

Occupation of Deceased ... housewife

Name of Employer ...

Address ...

Date of Death ... April 19, 1935 ... 4:35 P.M. (Date) (Hour)

Date of Birth ...

Age ... (Years) (Months) (Days)

Date of Funeral 4-22-35 (Date) (Day of Week) 2:30 P.M. (Hour)

Services at Funeral Home

Clergyman ...

His Address ...

Religion of the Deceased ...

Resided in the State ... (or U. S. or City or County) (Years) (Months)

Place of Death 44 Montgomery St.

Cause of Death ...

Contributory Causes ...

Certifying Physician ... (or Coroner)

His Address ...

Name of Father ...

His Birthplace ...

Maiden Name of Mother ...

Her Birthplace ...

Motor / Ship } Remains to ...

Size and Style of Casket ... (State Color) ... Half couch

Manufactured by ...

Interment at ... ( Cemetery / Crematory )

Lot No. 4

Grave No. 242 ...

Section No. 4

Owner ...

Diagram of Lot or Tomb

| Item | Amount |
|---|---|
| Complete Funeral ... | $ 148 |
| Casket | |
| Metallic Lining ... | |
| Outside Box ... (State Kind) ... painted gray (State Kind) | |
| Burial Vault ... | |
| Embalming Body ... with ... (State Kind) ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body ... | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ | |
| Folding Chairs, $ ... (State Color) Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ 2 ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to ... | |
| Deliver Flowers to ... | |
| Reship Charges ... | |
| Procuring Burial Permit ... (State Number and District) | |
| ... Certif. Copies of Death Certificate No. ... (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service ... | |
| Outlay for Lot ... | |
| Cremation ... | |
| ... line Death Notices in ... Papers | |
| Flowers, $ ... Palms, $ ... (Name of Newspapers) Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb ... | 25 |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges ... | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges ... | |
| Cash Advanced ... | |
| Out of town Undertaker's Charges ... | |
| Sales Tax ... | |
| Total Footing of Bill ... | $ |
| Less ... | $ |
| Balance ... | $ 174 |

Entered into Ledger, page ... or below.

To Funeral Charges ... Total, $ ... By Cash ... $

Insurance $ ... Name of Lodges ... Insurance Companies ...

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ... (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 31 Date March 22nd 1938

Name of Deceased: Jones Moore (Single — Married — Divorced) Colored Va. (When Born) (Where Born)

Residence of Deceased: North, N.J. ... ?

Charge to: Mrs. Ellen Moore, mother

Address: 2881, 18th St. So. Arlington, Va.

Order given by: W. Hoffman (or informant)

How Secured

Occupation of Deceased

Name of Employer

Address

Date of Death: April 18th 1938 (Date) (Hour)

Date of Birth: 1904

Age: 34 (Years) (Months) (Days)

Date of Funeral: 4.22.38 (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death: North City Hosp.

Cause of Death: Spr. Tumor

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father: Thomas Moore

His Birthplace: Va.

Maiden Name of Mother: Josephine Perry

Her Birthplace: Va.

Remains to: Jamesville, Va.

Size and Style of Casket: 6.3" [illegible] and ... silver gray

Manufactured by: M. J. C. Co.

Interment at: Jamesville, Va. (Cemetery / Crematory)

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 100 | |
| Casket | | |
| Metallic Lining | | |
| Outside Box: painted, handles (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. | | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| ...line Death Notices in ... Papers | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ 15.50 Aeroplane Service, $ | 15 | 50 |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 115 | 50 |
| Less | | |
| Balance | 115 | 50 |

Entered into Ledger, page ... or below.

To Funeral Charges ... Total, $ | By Cash $

Insurance $ ... Name of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to make payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of 6% per annum. (Firm Name of Funeral Directors)

Witness ... Signed

Address

Compiled by F. J. ...MAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 33 Date [illegible] 1938

Name of Deceased [illegible] (Single—Married—Divorced) Colored (What Race) (Where Born)

Residence of Deceased ............ Husband—Wife—Widow—of

Charge to Mrs. [illegible] Malory [illegible]

Address [illegible] St. [illegible] N.Y.

Order given by ............ (If other than)

How Secured ............

Occupation of Deceased ............

Name of Employer ............

Address ............

Date of Death ............ (Date) (Hour)

Date of Birth ............

Age ............ (Years) (Months) (Days)

Date of Funeral 4-23-38 Sat. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Rev. [illegible] Johnson

His Address ............

Religion of the Deceased ............

Resided in the State ............ (or U. S. or City or County) (Years) (Months)

Place of Death N.Y.

Cause of Death [illegible]

Contributory Causes ............

Certifying Physician ............ (or Coroner)

His Address ............

Name of Father ............

His Birthplace ............

Maiden Name of Mother ............

Her Birthplace ............

Motor / Ship } Remains to [illegible] N.Y.

Size and Style of Casket [illegible] (State Color) [illegible] steel gray

Manufactured by ............

Interment at [illegible] { Cemetery / Crematory }

Lot No. ............

Grave No. 168

Section No. 24

Owner ............

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 123 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) [illegible] | |
| Burial Vault (State Kind) | |
| Embalming Body ...... with ...... (State Kind) Fluid | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ ...... (State Color) Slippers, $ | |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousines to Cemetery ...... @ $ | |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| 2 Certif. Copies of Death Certificates No. (State Number and District, or Coroner's) | 4.00 |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 20. |
| Cremation | |
| ...... line Death Notices in ...... Papers (Names of Newspapers) | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ...... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor } Tickets, $ ...... Aero-plane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 154 |
| Less | |
| Balance | 154 |

Entered into Ledger, page ...... or below.

| To Funeral Charges ...... Total, $ | By Cash $ |
|---|---|
| | Paid 5-7-38 [illegible] |

Insurance $ ...... Name of Lodge ...... Insurance Companies ......

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ............

Witness ............ Address ............

Compiled by F. J. FEIDEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 36 Date Apr. [illegible]

Name of Deceased Sadie Smith (Single—Married—Divorced) Colored (What Race) (When Born)

Residence of Deceased 44 Montgomery St. [illegible] Husband—Wife—Widow

Charge to Ralph Smith - son

Address 44 Montgomery St.

Order given by [illegible]

How Secured Family [illegible] (or Relationship)

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death April 19, 1938 (Date) 4:15 P (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral 4-22-38 (Date) [illegible] (Day of Week) 2:30 P.M. (Hour)

Services at Funeral Home

Clergyman Rev. [illegible]

His Address [illegible]

Religion of the Deceased

Resided in the State (in U. S. or City or Country) (Years) (Months)

Place of Death 44 Montgomery St.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Hearse } Remains to [illegible]

Size and Style of Casket [illegible] (State Color) Half couch

Manufactured by [illegible]

Interment at Clinton { Cemetery / Crematory

(Diagram of Lot or Vault)

Lot No. 4

Grave No. 268

Section No. 4

Owner

Complete Funeral

Casket

Metallic Lining

Outside Box pine (State Kind) painted gray

Burial Vault (State Kind)

Embalming Body ........ with (State Kind) ........ Fluid

Barber, $ ........ Hair Dressing, $

Dressing Body

Underwear, $ ........ Hose, $

Suit or Dress, $ ........ Slippers, $

Folding Chairs, $ ........ Tarpaulin, $

Candelabras, $ ........ Candles, $

Door Spray, $ ........ Gloves, $

Funeral Car, $ 2 ........ Ambulance, $

Limousines to Cemetery ........ @ $

Autos to R. R. Station ........ @ $

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit

Certif. Copies of Death Certificates No. (State Number and District)

Pall Bearer Service, $ ........ Use of Chapel, $ (State Physician's or Coroner's)

Personal Service

Outlay for Lot

Cremation

........ line Death Notices in ........ Papers (Names of Newspapers)

Flowers, $ ........ Palms, $ ........ Matting, $

Rental of Tent, $ ........ of Temporary Vault, $

Opening of Grave or Tomb

Lining Grave, $ ........ Lowering Device, $

Outside Shipping Charges

Clergyman, $ ........ Singers, $ ........ Organist, $

Railroad or Motor } Tickets, $ ........ Aero-plane Service, $

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Sales Tax

Total Footing of Bill

Less

Balance

Entered into Ledger, page ........ or below.

To Funeral Charges ........ Total, $

By Cash

Insurance $ ........ Names of Lodges ........ Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to maturity at the rate of 6% per annum.

Signed

Witness ........ Address

Compiled by F. J. FREIDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 32 Date [illegible] 1938

Name of Deceased [illegible] (Single—Married—Widowed) Colored (What Race) [illegible] (Where Born)

Residence of Deceased [illegible] Husband—Wife—Father [illegible]

Charge to [illegible]

Address [illegible]

Order given by [illegible] (or relationship)

How Secured

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death Apr. 30th 1938 (Date) (Hour)

Date of Birth 1922

Age 16 (Years) (Months) (Days)

Date of Funeral 5-3-38 (Date) Tues. (Day of Week) 2:30 P.M. (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. if City or County) (Years) (Months)

Place of Death [illegible] City Hosp.

Cause of Death [illegible]

Contributory Causes

Certifying Physician Hosp. Staff (or Coroner)

His Address

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] (Give Color)

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory

Lot No.

Grave No. 239

Section No. 43

Owner

(Diagram of Lot or Tier)

To Funeral Charges Total $

| Item | $ |
|---|---|
| Complete Funeral | 135 |
| Casket | |
| Metallic Lining | |
| Outside Box pine painted (State Kind) (Size) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabras, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Request | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificates No. | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| line Death Notices in Papers | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Acco. Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 160 |
| Less discount | 25 |
| Balance | 135 |

Entered into Ledger, page ...... or below.

By Cash $

[illegible handwritten notation]

Names of Lodges ...... Insurance Companies ......

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to pay for the payment of allowed sum, and I hereby covenant and agree to pay the same within ...... days upon date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ......

Witness ...... Address ......

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 93 Date [illegible] 1938

...ased [illegible] (Single — Married — Divorced) Colored (When Born) (Where Born)

...eceased, Husband—Wife—Widow—

Complete Funeral $ 125
Casket
Metallic Lining
Outside Box (State Kind) (State Kind)
Burial Vault
Embalming Body with (State Kind) Fluid
Barber, $ Hair Dressing, $
Dressing Body
Underwear, $ Hose, $
Suit or Dress, $ (State Color) Slippers, $
Folding Chairs, $ Tarpaulin, $
Candelabrum, $ Candles, $
Door Spray, $ Gloves, $
Funeral Car, $ Ambulance, $
Limousines to Cemetery @ $
Autos to R. R. Station @ $
Getting Remains from
Taking Remains to
Trip to Coroner's Inquest
Delivering Box to
Deliver Flowers to
Removal Charges
Procuring Burial Permit
2 Certif. Copies of Death Certificates No. 4.00
Pall Bearer Service, $ Use of Chapel, $
Personal Service
Outlay for Lot 25
Cremation
...line Death Notices in ... Papers
Flowers, $ Palms, $ Matting, $
Rental of Tent, $ of Temporary Vault, $
Opening of Grave or Tomb
Lining Grave, $ Lowering Device, $
Outlay for Shipping Charges
Clergyman, $ Singers, $ Organist, $
Railroad Tickets, $ Aeroplane Service, $
Telgr., Phone, Cable or Radio Charges
Cash Advanced
Out of town Undertaker's Charges
Sales Tax

Total Footing of Bill $ 154
Less $
Balance $ 154
Entered into Ledger, page ... or below.

...Deceased
...State (or U. S. or City or County) (Years) (Months)
...ians
...ician (or Coroner)
...f Mother
...to
...f Casket (State Color)
{ Cemetery / Crematory }
Lot No.
Grave No. 168
Section No. 24
Owner

To Funeral Charges ... Total, $ | By Cash $

Name of Lodges | Insurance Companies

...he above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Write Name of Funeral Director)
...aforesaid cost, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from ... of 6% per annum.

Signed
Address

Compiled by F. J. FEDERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 32 ........ Date Aug. 1st ........ 19..

Name of Deceased: Christine Fowler (Wilson) (Single—Married—Divorced) ........ Colored (What Race) ........ (Where Born) ........ (Husband—Wife—Widow)

Residence of Deceased: 1 Linn St. 1st fl. left

Charge to: Mrs. [illegible]

Address: 1 Linn St. 1st fl. left

Order given by: [illegible] (relationship)

How Secured ........

Occupation of Deceased: Housewife

Name of Employer ........

Address ........

Date of Death: Apr. 30th 1938 (Date) ........ 9 P.M. (Hour)

Date of Birth: 1922

Age: 16 (Years) ........ (Months) ........ (Days)

Date of Funeral: 5-3-38 (Date) Tues. (Day of Week) 2:30 P.M. (Hour)

Services at: Funeral Home

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (or U. S. or City or County) ........ (Years) ........ (Months)

Place of Death: [illegible] City Hosp.

Cause of Death: [illegible]

Contributory Causes ........

Certifying Physician: Hosp. Staff (or Coroner)

His Address ........

Name of Father: [illegible] Wilson

His Birthplace: Ga.

Maiden Name of Mother: Emma [illegible]

Her Birthplace: Ga.

Motor / Ship } Remains to: [illegible], N. J.

Size and Style of Casket: [illegible], white [illegible], plush interior

Manufactured by: [illegible] Co.

Interment at: [illegible] { Cemetery / Crematory

Lot No. ........

Grave No. 279

Section No. 24

Owner ........

Diagram of Lot or Tomb

| Item | Amount |
|---|---|
| Complete Funeral | $ 135 |
| Casket ........ | |
| Metallic Lining ........ | |
| Outside Box: pine painted (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body ........ with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ ........ | |
| Dressing Body ........ | |
| Underwear, $ ........ Hose, $ ........ | |
| Suit or Dress, $ ........ Slippers, $ ........ | |
| Folding Chairs, $ ........ Tarpaulin, $ ........ (State Color) | |
| Candelabrum, $ ........ Candles, $ ........ | |
| Door Spray, $ ........ Gloves, $ ........ | |
| Funeral Car, $ ........ Ambulance, $ ........ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to ........ | |
| Deliver Flowers to ........ | |
| Removal Charges ........ | |
| Procuring Burial Permit ........ (State Number and District) | |
| ........ Certif. Copies of Death Certificates No. ........ (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ ........ | |
| Personal Service ........ | |
| Outlay for Lot | 25 |
| Cremation ........ | |
| ........ line Death Notices in ........ Papers (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ ........ | |
| Rental of Tent, $ ........ of Temporary Vault, $ ........ | |
| Opening of Grave or Tomb ........ | |
| Lining Grave, $ ........ Lowering Device, $ ........ | |
| Outlay for Shipping Charges ........ | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ ........ | |
| Railroad or Motor } Tickets, $ ........ Aeroplane Service, $ ........ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced ........ | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 160 |
| Less: Discount | $ 5 |
| Balance | $ 155 |
| Entered into Ledger, page ........ or below. | |

| To Funeral Charges ........ Total, $ | | By Cash ........ | $ |
|---|---|---|---|
| | | | |

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ........ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue at maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

# RECORD OF FUNERAL

Total No. ........ Yearly No. 93 ........ Date ........ 1931

Name of Deceased ........ (Single — Married — Divorced) ........ Colored (White Race) (White Race)

Residence of Deceased ........ Husband—Wife—Widow

Charge to ........

Address ........

Order given by ........ (or Informant)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death ........ (Date) (Hour)

Date of Birth ........

Age ........ (Years) (Months) (Days)

Date of Funeral 4-23-31 ........ (Date) (Day of Week) (Hour) M.

Services at Funeral Home

Clergyman Rev. ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (or U. S. or City or County) (Years) (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Motor / Ship } Remains to ........

Size and Style of Casket ........ (State Color)

Manufactured by ........

Interment at ........ (Cemetery / Crematory)

Lot No. ........

Grave No. 168

Section No. 24

Owner ........

Diagram of Lot or Vault

| Item | $ | |
|---|---|---|
| Complete Funeral | 125 | |
| Casket ........ | | |
| Metallic Lining ........ | | |
| Outside Box ........ (State Kind) | | |
| Burial Vault ........ (State Kind) | | |
| Embalming Body ........ with ........ (State Kind) Fluid | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body ........ | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ ........ Slippers, $ | | |
| Folding Chairs, $ ........ (State Color) Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery ........ @ $ | | |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from ........ | | |
| Taking Remains to ........ | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to ........ | | |
| Deliver Flowers to ........ | | |
| Removal Charges ........ | | |
| Procuring Burial Permit ........ | | |
| 2 Certif. Copies of Death Certificate No. ........ (State Number and District) (State Physician or Coroner) | 4 | 00 |
| Pall Bearer Service, $ ........ Use of Chapel, $ | | |
| Personal Service ........ | | |
| Outlay for Lot ........ | 20 | |
| Cremation ........ | | |
| ........ line Death Notices in ........ Papers (Names of Newspapers) | | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | | |
| Rental of Tent, $ ........ of Temporary Vault, $ | | |
| Opening of Grave or Tomb ........ | | |
| Lining Grave, $ ........ Lowering Device, $ | | |
| Outlay for Shipping Charges ........ | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Motor } Tickets, $ ........ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced ........ | | |
| Out of town Undertaker's Charges | | |
| Sales Tax ........ | | |
| Total Footing of Bill | 134 | |
| Less ........ | | |
| Balance ........ | 134 | |

Entered into Ledger, page ........ or below.

To Funeral Charges ........ Total, $ ........

By Cash ........ $

Insurance $ ........ Name of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ........ First Name of Funeral Director ........ for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of ....% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. STROHMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. .. 35

Date ........ 193

Name of Deceased ........ (Single — Married — Divorced) ........ (What Race) (Where Born)

Residence of Deceased ........ (Husband — Wife — Widow — of)

Charge to ........

Address ........

Order given by ........ (or Informant)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death ........ (Date) (Hour)

Date of Birth ........

Age ........ (Years) (Months) (Days)

Date of Funeral ........ (Date) (Day of Week) (Hour)

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (or U. S. in City or County) (Years) (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Motor / Ship } Remains to ........

Size and Style of Casket ........ (Give Color)

Manufactured by ........

Interment at ........ { Cemetery / Crematory

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

Diagram of Lot or Tomb

| | | |
|---|---|---|
| Complete Funeral | $ | 165 |
| Casket ........ | | |
| Metallic Lining ........ (State Kind) | | |
| Outside Box ........ (State Kind) | | |
| Burial Vault ........ (State Kind) | | |
| Embalming Body .... with ........ Fluid | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body ........ | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ ........ (Give Color) Slippers, $ | | |
| Folding Chairs, $ ........ Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery ..... @ $ | | |
| Autos to R. R. Station ..... @ $ | | |
| Getting Remains from ........ | | |
| Taking Remains to ........ | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to ........ | | |
| Deliver Flowers to ........ | | |
| Removal Charges: ........ | | |
| Procuring Burial Permit ........ (Give Number and District) | | |
| Certif. Copies of Death Certificates No. ........ (State Physician's or Coroner's) | | 50 |
| Pall Bearer Service, $ ........ Use of Chapel, $ | | |
| Personal Service ........ | | |
| Outlay for Lot ........ | | |
| Cremation ........ | | |
| Death Notices in ........ Papers (Names of Newspapers) | | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | | |
| Rental of Tent, $ ........ of Temporary Vault, $ | | |
| Opening of Grave or Tomb ........ | | |
| Lining Grave, $ ........ Lowering Device, $ | | |
| Outlay for Shipping Charges ........ | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Motor } Tickets, $ ........ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced ........ | | |
| Out of town Undertaker's Charges | | |
| Sales Tax ........ | | |
| Total Footing of Bill ........ | $ | 165 |
| Less ........ | $ | |
| Balance | $ | 165 |

Entered into Ledger, page ........ or below.

To Funeral Charges .... Total, $ ........ By Cash $ ........

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Give Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 32 Date Aug. 5 ...

Name of Deceased Christine Fowler (Wilson) (Single—Married—Widowed) Colored (White, Race)

Residence of Deceased 1 Worth St. 12 yr. ...

Charge to Mrs. ... Wilson

Address 1 Worth St. 12 yr. ...

Order given by ... (or Informant)

How Secured ........

Occupation of Deceased Housewife

Name of Employer ........

Address ........

Date of Death Apr. 30th 1930 (Date) ... (Hour)

Date of Birth 1902

Age 16 (Years) (Months) (Days)

Date of Funeral 5-3-30 (Date) Tues. (Day of Week) 2:30 P.M. (Hour)

Services at Funeral Home

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (or U. S. or City or County) (Years) (Months)

Place of Death ... City Hosp.

Cause of Death ... ...

Contributory Causes ........

Certifying Physician Hosp. Staff (or Coroner)

His Address ........

Name of Father ... Wilson

His Birthplace ...

Maiden Name of Mother Emma Wild

Her Birthplace ...

Motor / Ship } Remains to ...

Size and Style of Casket ...

Manufactured by ...

Interment at ... { Cemetery / Crematory }

Diagram of Lot or Vault

Lot No. ........

Grave No. 239

Section No. 24

Owner ........

Complete Funeral ........ $

Casket ........

Metalic Lining ........

Outside Box pine ... (State Kind)

Burial Vault (State Kind)

Embalming Body ........ with ........ Fluid

Barber, $ ........ Hair Dressing, $

Dressing Body ........

Underwear, $ ........ Hose, $

Suit or Dress, $ ........ Slippers, $

Folding Chairs, $ ........ Tarpaulin, $

Candelabrum, $ ........ Candles, $

Door Spray, $ ........ Gloves, $

Funeral Car, $ ........ Ambulance, $

Limousines to Cemetery ........ @ $

Autos to R. R. Station ........ @ $

Getting Remains from ........

Taking Remains to ........

Trip to Coroner's Inquest

Delivering Box to ........

Deliver Flowers to ........

Removal Charges ........

Procuring Burial Permit (State Number and Date)

Certif. Copies of Death Certificates No. ........

Pall Bearer Service, $ ........ Use of Chapel, $

Personal Service

Outlay for Lot ........

Cremation ........

........ line Death Notices in ........ Papers (Names of Newspapers)

Flowers, $ ........ Palms, $ ........ Matting, $

Rental of Tent, $ ........ of Temporary Vault, $

Opening of Grave or Tomb ........

Lining Grave, $ ........ Lowering Device, $

... for Shipping Charges ........

Clergyman, $ ........ Singers, $ ........ Organist, $

Railroad or Motor Tickets, $ ........ Aeroplane Service, $

Telegr., Phone, Cable or Radio Charges

Cash Advanced ........

Out of town Undertaker's Charges

Sales Tax ........

Total Footing of Bill ........ $

Less ... discount ........ $

Balance ........ $

Entered into Ledger, page ........ or below.

To Funeral Charges ........ Total, $ ........

By Cash ........ $

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest after maturity at the rate of 6% per annum. (Firm Name of Funeral ...)

Signed ........

Witness ........ Address ........

Compiled by F. J. FRINKMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ......... Yearly No. ......... Date *Dec. 8th* 19*38*

Name of Deceased *C. W. Smith* (Single—Married—Divorced) *Colored* (What Race) *Lumpkin Ga.* (Where Born)

Residence of Deceased *Wash. St.* Husband—Wife—Widow— of

Charge to *Mrs. Bell Lawrence Chas. Harris*

Address *1371 Buckeye St.*

Order given by *Celia Logan friend*

How Secured

Occupation of Deceased *Porter*

Name of Employer *Clinton Motors*

Address

Date of Death *April 26th 1938* (Date) (Hour)

Date of Birth

Age *38* (Years) (Months) (Days)

Date of Funeral *4-29-38* (Date) (Day of Week) *2:30 P.M.* (Hour)

Services at *Funeral Home*

Clergyman

His Address

Religion of the Deceased *Baptist*

Resided in the State ... in U. S. or City or County (Years) (Months)

Place of Death *North City Hosp.*

Cause of Death

Contributory Causes

Certifying Physician ... or Coroner

His Address

Name of Father

His Birthplace *Ala.*

Maiden Name of Mother *Clara [illegible]*

Her Birthplace *Ala.*

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at *Rosehill* { Cemetery / Crematory

Lot No.

Grave No. *271*

Section No. *24*

Owner

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 125 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box *pine* (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... (State Color) Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and Date) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | 50 |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| Ins. Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 150 50 |
| Less | |
| Balance | 150 50 |

Entered into Ledger, page ... or below

To Funeral Charges ... Total, $

By Cash $

*Pd. June 17th 1938 R. E.*

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ......... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ... Address

Compiled by F. J. FREEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 53 — Date Aug. 1st 1931

...lled ... Maggie Ransom ... (Single — Married — Divorced) ... Colored (What Race) ... (Where Born)

...ceased 123 E. ... St. ... Husband—Wife—Widow

... Lloyd Ransom ... son

... Mulberry St. ... (or informant)

... Son

Deceased ...

...yer ...

(Street) (Floor)

(Years) (Months) (Days)

(Date) (Day of Week) (Hour) ...M

Deceased ...

State (or U. S. or City or Country) (Years) (Months)

...nesses ...

...cian. (or Coroner)

...f Mother ...

...to Blakeley ...

...f Casket ...

| Item | Amount |
|---|---|
| Complete Funeral | $ 145 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, \$ ... Hair Dressing, \$ | |
| Dressing Body | |
| Underwear, \$ ... Hose, \$ | |
| Suit or Dress, \$ ... Slippers, \$ (State Color) | |
| Folding Chairs, \$ ... Tarpaulin, \$ | |
| Candelabrum, \$ ... Candles, \$ | |
| Door Spray, \$ ... Gloves, \$ | |
| Funeral Car, \$ ... Ambulance, \$ | |
| Limousines to Cemetery ... @ \$ | |
| Autos to R. R. Station ... @ \$ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificates No. (State Number and Date) (State Physician's or Coroner's) | .50 |
| Pall Bearer Service, \$ ... Use of Chapel, \$ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ... Ins Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, \$ ... Palms, \$ ... Matting, \$ | |
| Rental of Tent, \$ ... of Temporary Vault, \$ | |
| Opening of Grave or Tomb | |
| Lining Grave, \$ ... Lowering Device, \$ | |
| Outlay for Shipping Charges | |
| Clergyman, \$ ... Singers, \$ ... Organist, \$ | |
| Railroad or Motor Tickets, \$ ... Aeroplane Service, \$ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 145.50 |
| Less | $ |
| Balance | $ 145.50 |
| Entered into Ledger, page ... or below. | |

Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

To Funeral Charges .... Total, \$

By Cash \$

Names of Lodges

Insurance Companies

...he above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Director) ... aforesaid sum, and I hereby covenant and agree to pay the same within ... Days from date. Interest to ... ...e of 6% per annum.

Signed

Compiled by F. J. PENEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. ........ Date ... Dec. 2nd ... 19..

Name of Deceased ... W. Smith ... (Single — Married — Divorced) ... Colored ... (White Race) ... Widowed — Wife — Widow

Residence of Deceased ...

Charge to ... Mrs. Bell ... James ...

Address ...

Order given by ... Lelia ... Logan ... friend

How Secured ...

Occupation of Deceased ... Porter

Name of Employer ... Clinton ... Motors

Address ... Clinton ...

Date of Death ... April 26th 1938 ... (Date)

Date of Birth ... 1910

Age ... 28 ... (Years) (Months) (Days)

Date of Funeral ... 4-29-38 ... Fri. ... (Date) (Day of Week) ... 2:30 ... (Hour)

Services at ... Funeral ... Home

Clergyman ...

His Address ...

Religion of the Deceased ... Baptist

Resided in the State ... (or U. S. or City or County) (Years) (Months)

Place of Death ... City Hosp.

Cause of Death ...

Contributory Causes ...

Certifying Physician ... (or Coroner)

His Address ...

Name of Father ...

His Birthplace ... Ala.

Maiden Name of Mother ... Clara ...

Her Birthplace ... Ala.

Motor / Line } Remains to ...

Size and Style of Casket ... (Grade Color)

...

Manufactured by ...

Interment at ... Rosehill ... { Cemetery / Crematory }

| | |
|---|---|
| | Lot No. ... |
| | Grave No. ... 271 |
| | Section No. ... 24 |
| (Diagram of Lot or Grave) | Owner ... |

| | |
|---|---|
| Complete Funeral | $ 125 |
| Casket | |
| Metallic Lining | |
| Outside Box | |
| Burial Vault | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Slip to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| ... Certif. Copies of Death Certificates | |
| Full Bearer Service, $ ... Use of Chapel, $ | |
| Personal Services | |
| Outlay for Lot | 25 |
| Cremation | |
| ... Inse Death Notices in ... Papers | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rent of Tent, $ ... Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outfit for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad Tickets, $ ... Berth, $ ... Extra Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 150 |
| Less | |
| Balance | $ 150 |
| Entered into Ledger, page ... or below. | |

To Funeral Charges ... Total, $ ... By Cash ... $

Paid ... 1938

Insurance ... Name of Lodge ... Insurance Company

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to pay the same, and I hereby consent and agree to pay the same within ... days from date. Interest to accrue ... for the payment of aforesaid cost, and I hereby consent and agree to pay the same within maturity at the rate of ...% per annum.

Signed ...

Witness ... Address ...

# RECORD OF FUNERAL

Total No. ........ Yearly No. 53 ........ Date Aug. 1st 193?

Name of Deceased Mrs. Lizzie Ransom (Single — Married — Divorced) ........ Colored (What Race) ........ (Where Born)

Residence of Deceased 123 Kansas St. ........ (Husband—Wife—Widow) ........

Charge to Mr. Lloyd Ransom, son

Address 334 Mulberry St. 2nd fl.

Order given by son (or informant)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death ........ (Date) (Hour)

Date of Birth ........

Age ........ (Years) (Months) (Days)

Date of Funeral ........ (Date) (Day of Week) (Hour) M

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (or U. S. or City or County) (Years) (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

(Motor) (Ship) Remains to Blakeley, Ga.

Size and Style of Casket [illegible] (Trim Color) [illegible]

Manufactured by ........

Interment at ........ (Cemetery) (Crematory)

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

Diagram of Lot or Vault

| Item | $ | |
|---|---|---|
| Complete Funeral | 165 | |
| Casket | | |
| Metallic Lining | | |
| Outside Box [illegible] (State Kind) | | |
| Burial Vault ........ (State Kind) | | |
| Embalming Body ........ with ........ Fluid | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ ........ (State Color) Slippers, $ | | |
| Folding Chairs, $ ........ Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery ........ @ $ | | |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. (State Number and District) | | |
| Pall Bearer Service, $ ........ (State Physician's or Coroner's) Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| ........ line Death Notices in ........ Papers | | |
| (Names of Newspapers) | | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | | |
| Rental of Tent, $ ........ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ........ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Motor Tickets, $ ........ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 165 | 50 |
| Less | | |
| Balance | 165 | 50 |

Entered into Ledger, page ........ or below.

| To Funeral Charges ........ Total, $ | By Cash $ |
|---|---|
| | [illegible] |

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ........ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 26 ........ Date [illegible] 19[illegible]

Name of Deceased [illegible] Tommy [illegible] (Single - Married - Divorced) (When Born) (Where Born)

Husband—Wife—Widow— of ........

Residence of Deceased 54 [illegible]

Charge to [illegible]

Address [illegible]

Order given by [illegible]

How Secured

Occupation of Deceased [illegible]

Name of Employer

Address

Date of Death Apr. 28 '38 (Date) (Hour)

Date of Birth [illegible] 1914

Age 24 Years 2 Months 11 Days

Date of Funeral 5-2-38 (Date) Mon. (Day of Week) 2 P M (Hour)

Services at Funeral Home

Clergyman Rev. E. Henry

His Address 71 [illegible]

Religion of the Deceased

Resided in the State ...... of U. S. or City or Country (Years) (Months)

Place of Death [illegible] Pk. [illegible]

Cause of Death T. B.

Contributory Causes

Certifying Physician Hosp. Staff (or Coroner)

His Address

Name of Father Samuel Tommy

His Birthplace Ala.

Maiden Name of Mother Ella Brown

Her Birthplace Ala.

Remains to [illegible]

Size and Style of Casket 6', octagon and half couch, white [illegible] (State Color)

Manufactured by

Interment at Rosehill (Cemetery / Crematory)

Diagram of Lot or Vault

Lot No. ........

Grave No. 279

Section No. 29

Owner ........

| Complete Funeral | $ 110 |
|---|---|
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) [illegible] | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | 5 [illegible] |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| line Death Notices in / Papers (Names of Newspapers) | 2 5[illegible] |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | 7 00 |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 210 |
| Less | $ |
| Balance | $ 210 |

Entered into Ledger, page ...... or below.

| To Funeral Charges ... Total, $ | By Cash | $ |
|---|---|---|
| | Paid May 9-[illegible] | |

Signature of Informant / Name of Lodge / Informant's Relationship

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ......

For the payment of above amount, and I hereby covenant and agree to pay the same within ...... days from date. Draw ...... interest from maturity at the rate of 6% per annum.

Witness ........ Signed ........

Address ........

# RECORD OF FUNERAL

Yearly No. 37 Date Dec. 9th 1938

...: Mrs. Albertia Mack (Single—Married—Divorced) Colored (What Race) Ala. (Where Born)

...ed 65 Barclay St. ... Husband—Wife—Widow ...

...Marcella Pullins Branch ...

...ble St. Pecksville N.Y. ...

... Lottie Pulley ... (or Informant)

...ceased. Housewife

... May 13th 1938 ... (Date) (Hour)

... 1899

... (Month) (Date)

...5-38 Wed. 1 P.M. (Day of Week) (Hour)

...Funeral Home ...

...Rev. Hughes ...

...ceased Baptist

... (or U.S. in City or County) (Years) (Months)

... death City Hosp.

... all present

...n. Hosp. staff (or Coroner)

... Ransom Pullins

... Ala

Mother Lizzie ?

... Ala

... Funtine 1st J.

Casket ... (Item Used)

... gray ...

... N.Y. ... Co.

... (Cemetery) (Crematory)

Lot No. ...

Grave No. 342

Section No. 24

Owner ...

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 175 | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box pine painted (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ 10 (Item Color) Slippers, $ | 10 | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery 2 @ $ 25 | 50 | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. (State Number and Drawing) | | 50 |
| Pall Bearer Service, $ ... Use of Chapel, $ (State Physician's or Coroner's) | | |
| Personal Service | | |
| Outlay for Lot | 25 | |
| Cremation | | |
| ... line Death Notices in ... Papers (Names of Newspapers) | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Steamship Tickets, $ ... Aeroplane Service, $ | | |
| Telegr. Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 260 | 50 |
| Less ... discount | | 50 |
| Balance | 260 | 00 |

Entered into Ledger, page ... or below.

... Funeral Charges ... Total, $

By Cash $

Paid in full ... 1938

Names of Lodges ... Insurance Companies

... above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors) ... said sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from ... of 6% per annum.

Signed ...

Address ...

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# RECORD OF FUNERAL

Total No. ........ Yearly No. 36 ........ Date March ... 19..

Name of Deceased Miss Ella Mae Tunney (Single—Married—Widowed) ... Colored (What Race) ... (Where Born)

Residence of Deceased [illegible] ... Husband—Wife—Widow—... of ...

Charge to [illegible]

Address [illegible]

Order given by [illegible] (or informant)

How Secured ........

Occupation of Deceased [illegible]

Name of Employer ........

Address ........

Date of Death [illegible] (Date) ... (Hour)

Date of Birth [illegible] 1914

Age 24 (Years) 2 (Months) 11 (Days)

Date of Funeral 3-2-38 (Date) Mon. (Day of Week) 2 P. M. (Hour)

Services at Funeral Home

Clergyman Rev. [illegible]

His Address [illegible]

Religion of the Deceased ........

Resided in the State ........ (in U. S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death T. B.

Contributory Causes ........

Certifying Physician Hoff-Staff (or Coroner)

His Address ........

Name of Father Samuel Tunney

His Birthplace Ala

Maiden Name of Mother Ella Brown

Her Birthplace Ala

Body Embalmed / Shipped to [illegible]

Size and Style of Casket [illegible] octagon and half couch, white [illegible], plush interior (State Color)

Manufactured by ........

Interment at Rosehill (Cemetery / Crematory)

Lot No. ........

Grave No. 279.

Section No. 24.

Owner ........

Diagram of Lot or Vault

| | |
|---|---|
| Complete Funeral | $ 175 |
| Casket | |
| Metallic Lining | |
| Outside Box pine, painted (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body ..... with ..... Fluid | |
| Barber, $ ..... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ..... Hose, $ | |
| Suit or Dress, $ ..... (State Color) Slippers, $ | |
| Folding Chairs, $ ..... Tarpaulin, $ | |
| Candelabrum, $ ..... Candles, $ | |
| Door Spray, $ ..... Gloves, $ | |
| Funeral Car, $ ..... Ambulance, $ | |
| Limousines to Cemetery ..... @ $ | |
| Autos to R. R. Station ..... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| ..... Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ..... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| 1 Line Death Notices in ... 1 ... Papers | 2 |
| (Names of Newspapers) | |
| Flowers, $ ..... Palms, $ ..... Matting, $ | |
| Rental of Tent, $ ..... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ..... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ | |
| Railroad or Motor Tickets, $ ..... Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 210 |
| Less | $ — |
| Balance | $ 210 |
| Entered into Ledger, page ..... or below. | |

| To Funeral Charges ..... Total, $ | | | By Cash. | $ |
|---|---|---|---|---|
| | | | Paid Mar [illegible] | |

Insurance $ ........ Names of Lodges ........ Insurance Company [illegible] Life Ins Co

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue at maturity at the rate of $ ... per Annum. (Firm Name of Funeral Director)

Signed ........

Address ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 37 ........ Date Dec 9th 1938

Name of Deceased Mrs. Albertia Mack (Single — Married — Divorced) Colored Ala. (Which Race) (Where Born)

Residence of Deceased 65 E. Barclay St. ........ 13th ........ Husband—Wife—Widow

Charge to Mrs. Marcella Pullins Branch

Address 4104 South St. Peekskill N.Y.

Order given by Hattie Tilley (or otherwise)

How Secured ........

Occupation of Deceased Housewife

Name of Employer ........

Address ........

Date of Death May 1 3 1938 (Date) ........ 6 17 (Hour)

Date of Birth 1889

Age 59 (Years) (Months) (Days)

Date of Funeral 5-5-38 (Date) Wed (Day of Week) 1 P.M. (Hour)

Services at Funeral Home

Clergyman Rev. Rufus

His Address ........

Religion of the Deceased Baptist

Resided in the State ........ (or U. S. or City or County) (Years) (Months)

Place of Death Fl. Health City Hosp.

Cause of Death see permit

Contributory Causes ........

Certifying Physician Hosp. staff (or Coroner)

His Address ........

Name of Father Ransom Pullins

His Birthplace Ala.

Maiden Name of Mother Lizzie ?

Her Birthplace Ala.

Remains to Linden N.J.

Size and Style of Casket [illegible] ... octagon ... silver grey ... interior

Manufactured by ........ Co.

Interment at Rosehill { Cemetery / Crematory

Lot No. ........

Grave No. 242

Section No. 24

Owner ........

Diagram of Lot or Vault

| Item | $ | |
|---|---|---|
| Complete Funeral | 175 | — |
| Casket ........ | | |
| Metallic Lining ........ | | |
| Outside Box plain [illegible] (State Kind) | | |
| Burial Vault ........ (State Kind) | | |
| Embalming Body ........ with ........ Fluid (State Kind) | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body ........ | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ 10.— (State Color) Slippers, $ | 10 | |
| Folding Chairs, $ ........ Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery 2 @ $ 25.— | 50 | |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from ........ | | |
| Taking Remains to ........ | | |
| Trip to Coroner's Inquest ........ | | |
| Delivering Box to ........ | | |
| Deliver Flowers to ........ | | |
| Removal Charges ........ | | |
| Procuring Burial Permit ........ (State Number and District) | | |
| 1 Certif. Copies of Death Certificates No. ........ | | 50 |
| Pall Bearer Service, $ ........ Use of Chapel, $ (State Physician's or Coroner's) | | |
| Personal Service ........ | | |
| Outlay for Lot ........ | 25 | |
| Cremation ........ | | |
| ........ line Death Notices in ........ Papers (Names of Newspapers) | | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | | |
| Rental of Tent, $ ........ of Temporary Vault, $ | | |
| Opening of Grave or Tomb ........ | | |
| Lining Grave, $ ........ Lowering Device, $ | | |
| Outlay for Shipping Charges ........ | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Motor Tickets, $ ........ Ambulance Service, $ | | |
| Telegr., Phone, Cable or Radio Charges ........ | | |
| Cash Advanced ........ | | |
| Out of town Undertaker's Charges ........ | | |
| Sales Tax ........ | | |
| Total Footing of Bill | 260 | 50 |
| Less ........ Insurance | | 50 |
| Balance ........ | 260 | 00 |

Entered into Ledger, page ........ or below.

| To Funeral Charges ........ Total, $ | | By Cash | $ |
|---|---|---|---|
| | | [illegible] 12-10-38 | |

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to pay for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum. (Plain Name of Funeral Directors)

Signed ........

Witness ........ Address ........

Compiled by F. J. FREIDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 39 ........ Date March 9th 193[illegible]

Name of Deceased [illegible] Hamilton (Single—Married—Divorced) ........ [illegible] (What Race) ........ [illegible] (Where Born)

Residence of Deceased 34 Orchard St. [illegible] (Husband—Wife—Widow) Laura [illegible]

Charge to: Mrs. Laura Hamilton wife

Address 34 Orchard St.

Order given by wife (or informant)

How Secured ........

Occupation of Deceased [illegible]

Name of Employer ........

Address ........

Date of Death May 7th (Date) (Hour)

Date of Birth 1851 Mar. 4

Age 87 (Years) 2 (Months) 6 (Days)

Date of Funeral 3-13 (Date) [illegible] (Day of Week) 2 P.M. (Hour)

Services at Church of [illegible] Saints in Chapel

Clergyman Rev. [illegible]

His Address 1120 [illegible] St.

Religion of the Deceased [illegible]

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 34 Orchard St.

Cause of Death Myocardial [illegible]

Contributory Causes ........

Certifying Physician Geo. [illegible] (or Coroner)

His Address 92 8th Ave. [illegible]

Name of Father ........

His Birthplace ........

Maiden Name of Mother [illegible]

Her Birthplace ........

Ship / Remains to [illegible]

Size and Style of Casket [illegible] (State Color) [illegible]

Manufactured by [illegible]

Interment at [illegible] (Cemetery / Crematory)

| Item | | $ |
|---|---|---|
| Complete Funeral | | 175 |
| Casket | | |
| Metallic Lining | | |
| Outside Box [illegible] painted (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ........ with (State Kind) ........ Fluid | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ (State Color) ........ Slippers, $ | | |
| Folding Chairs, $ ........ Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery 1 @ $ 15 | | 15 |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| 1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | 50 |
| Pall Bearer Service, $ ........ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | 35 |
| Cremation | | |
| [illegible] Death Notices in 1 Paper (Names of Newspapers) | | 3.50 |
| Flowers, $ ........ Palms, $ ........ Matting, $ | | |
| Rental of Tent, $ ........ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ........ Lowering Device, $ 2 | | 2 |
| Outlay for Shipping Charges | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Motor Tickets, $ ........ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | 24[illegible] |
| Less | $ | |
| Balance | $ | 241 |

Entered into Ledger, page ........ or below.

[illegible] [illegible] Hamilton 3-13-38

Diagram of Lot or Vault

Grave Lot No. 24

Grave No. 35

Section No. 3[illegible]

Owner ........

To Funeral Charges ........ Total, $

By Cash $

Paid [illegible] 193[illegible]

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to [illegible] (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 36 ............ Date [illegible]

Name of Deceased [illegible] Finney (Single—Married—Divorced) [illegible] (What Race) (Where Born)

Residence of Deceased [illegible] Ave. [illegible] Husband—Wife—Widow— of

Charge to [illegible] Finney [illegible]

Address [illegible] Ave. [illegible]

Order given by [illegible] (or informant)

How Secured ............

Occupation of Deceased Fireman

Name of Employer ............

Address ............

Date of Death [illegible] 28 '38 (Date) (Hour)

Date of Birth Feb. [illegible] 1914

Age 24 (Years) 2 (Months) 11 (Days)

Date of Funeral 5-2-38 (Date) Mon. (Day of Week) 2 P.M. (Hour)

Services at Funeral Home

Clergyman Rev. E. [illegible]

His Address 71 [illegible] St. [illegible]

Religion of the Deceased ............

Resided in the State ............ (In U. S. or City or Country) (Years) (Months)

Place of Death [illegible] Pk. [illegible]

Cause of Death T. B.

Contributory Causes ............

Certifying Physician Hosp. staff (or Coroner)

His Address ............

Name of Father Samuel Finney

His Birthplace Ala.

Maiden Name of Mother Ella Brown

Her Birthplace Ala.

Rail / Shipping to [illegible] M. D.

Size and Style of Casket [illegible], [illegible] half couch, white [illegible], plush [illegible] (State Color)

Manufactured by ............

Interment at Rosehill { Cemetery / Crematory }

Lot No. ............

Grave No. 279

Section No. 24

Owner ............

Diagram of Lot or Vault

| | |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining | |
| Outside Box pine painted (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| 1 Certif. Copies of Death Certificate No. | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| 1 Line Death Notices in 1 Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| [illegible] or Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |
| Entered into Ledger, page ... or below. | |

To Funeral Charges Total, $

By Cash $

Paid May [illegible]

Remarks — Name of Lodge ............ Insurance Company [illegible] life [illegible]

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ... the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date.

Signed ............

Address ............

# RECORD OF FUNERAL

Total No. ............ Yearly No. 38 Date Aug. 9th 1938

Name of Deceased Mr. Emmanuel Bower (Single – Married – Divorced) Colored (What Race) Ga. (Where Born)

Residence of Deceased 263 Pine St. 2nd fl.

Charge to Mr. John Bower nephew

Address 39 Commercial St.

Order given by nephew (Relationship)

How Secured ............

Occupation of Deceased Barber

Name of Employer ............

Address ............

Date of Death May 1st 6 P.M. (Date) (Hour)

Date of Birth about 1890

Age about 48 (Years) (Months) (Days)

Date of Funeral 5-4-38 Wed. 3:30 P.M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Rev. C. W. Brown

His Address ............

Religion of the Deceased Baptist

Resided in the State ............ (In U.S. or City or County) (Years) (Months)

Place of Death Meth. City Hosp.

Cause of Death [illegible]

Contributory Causes ............

Certifying Physician ............ (or Coroner)

His Address ............

Name of Father Hamp Bower

His Birthplace Ga.

Maiden Name of Mother [illegible] Shefield

Her Birthplace Ga.

Remains to Funeral Home

Size and Style of Casket [illegible] (Name Color) [illegible]

Manufactured by W. J. C. Co.

Interment at Rosehill (Cemetery / Crematory)

Lot No. ....

Grave No. 359

Section No. 24

Owner ..

Diagram of Lot or Vault

| Item | Amount |
|---|---|
| Complete Funeral | $ 155 |
| Casket | |
| Metallic Lining | |
| Outside Box pine (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ..... with ..... Fluid (State Kind) | |
| Barber, $ ..... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ..... Hose, $ | |
| Suit or Dress, $ 12 ..... Slippers, $ (State Color) | 12 |
| Folding Chairs, $ ..... Tarpaulin, $ | |
| Candelabrum, $ ..... Candles, $ | |
| Door Spray, $ ..... Gloves, $ | |
| Funeral Car, $ ..... Ambulance, $ | |
| Limousines to Cemetery ..... @ $ | |
| Autos to R. R. Station ..... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and Date) | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | .50 |
| Pall Bearer Service, $ ..... Use of Chapel, $ | |
| Personal Service | |
| Certifying [illegible] | .50 |
| Outlay for Lot | 20 |
| Cremation | |
| line Death Notices in ..... Papers (Names of Newspapers) | |
| Flowers, $ ..... Palms, $ ..... Matting, $ | |
| Rental of Tent, $ ..... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ..... Lowering Device, $ 7 | 7 |
| Outlay for Shipping Charges | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ | |
| Railroad or Motor Tickets, $ ..... Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 195 |
| Less | $ |
| Balance | $ 195 |

Entered into Ledger, page ..... or below.

| To Funeral Charges Total, $ | By Cash $ |
|---|---|
| | Paid [illegible] 5-4-38 |

Insurance $ ..... Name of Lodges ..... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of 6% per annum. (Firm Name of Funeral Director)

Witness ..... Signed ..... Address

# RECORD OF FUNERAL

Yearly No. 29 Date Aug 8th 1934

...ased Mr. Frederick Hamilton (Single—Married—Divorced) Colored (What Race) Harlem (Where Born)

...Deceased 36 Orchard St. Newark Husband—Wife—Widow Widower Jennie Hamilton

...Mrs. Jennie Hamilton wife

...36 Orchard St.

...wife (or informant)

...Deceased Salt mixer

...oyer

...May 7th (Date) (Hour)

...1821 (Year) ...

...57 (Years) 2 (Months) ... (Days)

...5-13 (Date) ... (Day of Week) 2 P.M. (Hour)

...Church of God & Saints in Christ

...Brown & Bridges Williams

...1880 ... St. Newark

...Deceased Jamaica

...State (or U. S. or City or County) (Years) (Months)

...36 Orchard St.

...Myocarditis ...

...Causes

...sician Asst. Med. Ex. (or Coroner)

...92 ... Ave. Newark

...of Mother ...

...s to Elizabeth N.J.

...of Casket ... (State Color)

...

...by ...

... Evergreen (Cemetery / Crematory)

Lot No. 24

Grave No. ...

Section No. ...

Owner...

| | | |
|---|---|---|
| Complete Funeral | $ 175 | |
| Casket | | |
| Metallic Lining | | |
| Outside Box ... (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with ... (State Kind) Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ ... Slippers, $ (State Color) | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery 1 @ $ 15 | 15 | |
| Auto to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| 1 Certif. Copies of Death Certificates No. (State Number and District) | | 50 |
| Pall Bearer Service, $ ... Use of Chapel, $ (State Physician's or Coroner's) | | |
| Personal Service | | |
| Outlay for Lot | 5 | |
| Cremation | | |
| ... line Death Notices in 1 Paper (Name of Newspaper) | 2 | 50 |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Lowering Device, $ 2 | 2 | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Auto place Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ 244 | |
| Less | $ | |
| Balance | $ 241 | |
| Entered into Ledger, page ... or below. | | |

To Funeral Charges ... Total, $

By Cash

Paid Sept 28 1934

Names of Lodges ... Insurance Companies

...the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Print Name of Funeral Director) ...

...aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from ...

...of 6% per annum.

Signed

Address

# RECORD OF FUNERAL

Total No. ............ Yearly No. 38 ............ Date May 9th ............ 19

Name of Deceased Mr. Emmanuel Bowers (Single — Married — Divorced) Colored (What Race) Ga. (Where Born)

Residence of Deceased 263 Pine St. 2nd fl. Husband — Wife — Widow of

Charge to Mr. John Bowers nephew

Address 38 Summerset St.

Order given by nephew (or informant)

How Secured ............

Occupation of Deceased Barber

Name of Employer ............

Address ............

Date of Death May 1st (Date) 6 P. (Hour)

Date of Birth about 1890

Age about 48 (Years) (Months) (Days)

Date of Funeral 5-4-38 (Date) Wed. (Day of Week) 2:30 P.M. (Hour)

Services at Funeral Home

Clergyman Rev. C. W. Brown

His Address ............

Religion of the Deceased Baptist

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Math. City Hosp.

Cause of Death [illegible]

Contributory Causes ............

Certifying Physician (or Coroner)

His Address ............

Name of Father Hamp Bowers

His Birthplace Ga.

Maiden Name of Mother [illegible] Sheffield

Her Birthplace Ga.

Motor/Shipped Remains to Linden N.J.

Size and Style of Casket [illegible]

Manufactured by N. J. C. Co.

Interment at Rosedale (Cemetery/Crematory)

Diagram of Lower Vault

Lot No. ............

Grave No. 359

Section No. 24

Owner ............

| Item | Amount |
|---|---|
| Complete Funeral ............ | $ 135 |
| Casket ............ | |
| Metallic Lining ............ | |
| Outside Box pine (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... with (State Kind) Fluid | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body ............ | |
| Underwear, $ ...... Hose, $ | |
| Suit or Robe, $ 12 (State Color) Slippers, $ | 12 |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousines to Cemetery ...... @ $ | |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from | |
| Taking Remains to ...... | |
| Trip to Coroner's Inquest | |
| Delivering Box to ...... | |
| Deliver Flowers to ...... | |
| Removal Charges ...... | |
| Procuring Burial Permit (Give Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service ...... Certif. of [illegible] | |
| Outlay for Lot ...... | 20 |
| Cremation ...... | |
| ...... line Death Notices in ...... Papers (Names of Newspapers) | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb ...... | |
| Lining Grave, $ ...... Lowering Device, $ 7 | 7 |
| Outlay for Shipping Charges ...... | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor Tickets, $ ...... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced ...... | |
| Out of town Undertaker's Charges | |
| Sales Tax ...... | |
| Total Footing of Bill ...... | $ 135 |
| Less ...... | $ |
| Balance ...... | $ 135 |
| Entered into Ledger, page ...... or below. | |

| To Funeral Charges.... Total, $ | By Cash $ |
|---|---|
| | Paid May 13, 1938 J. R. C. |

Names of Ledger ...... Insurance Company ......

[illegible] undertake the above Funeral, and I hereby represent that I have sufficient resources legally available to [illegible]

[illegible] the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue [illegible] at the rate of 6% per annum.

Signed ............

Address ............

Compiled by F. J. FEDERMANN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 39 ..... Date [illegible] 8th ..... 19 [illegible]

Name of Deceased [illegible] Hamilton (Single—Married—Divorced) [illegible] (West Race) [illegible] (Where Born)

Residence of Deceased 34 [illegible] St. [illegible] Husband—Wife—Widow of [illegible]

Charge to Mrs [illegible] Hamilton, wife

Address 34 [illegible] St.

Order given by [illegible] (or informant)

How Secured ............

Occupation of Deceased [illegible]

Name of Employer ............

Address ............

Date of Death May 7th (Date) (Hour)

Date of Birth 1831 [illegible] 4

Age 87 (Years) 2 (Months) 6 (Days)

Date of Funeral 5-13 (Date) [illegible] (Day of Week) 2 P M (Hour)

Services at Church of God & Saints in Christ

Clergyman Rev. [illegible]

His Address 1820 [illegible] St. [illegible]

Religion of the Deceased [illegible]

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 34 [illegible] St.

Cause of Death [illegible]

Contributory Causes ............

Certifying Physician [illegible] (or Coroner)

His Address 92 [illegible] Ave. [illegible]

Name of Father ............

His Birthplace ............

Maiden Name of Mother [illegible]

Her Birthplace ............

Ship / Remains to [illegible]

Size and Style of Casket [illegible] (Trade Color) [illegible]

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory

[illegible] Mrs. Hamilton 5-13-38 (Diagram of Lot or Vault)

Lot No. 24

Grave No. 30

Section No. [illegible]

Owner

| Item | | Amount |
|---|---|---|
| Complete Funeral | $ | 175 |
| Casket | | |
| Metallic Lining | | |
| Outside Box [illegible] (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ..... with ..... Fluid | | |
| Barber, $ ..... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ..... Hose, $ | | |
| Suit or Dress, $ ..... Slippers, $ | | |
| Folding Chairs, $ ..... Tarpaulin, $ | | |
| Candelabrum, $ ..... Candles, $ | | |
| Door Spray, $ ..... Gloves, $ | | |
| Funeral Car, $ ..... Ambulance, $ | | |
| Limousines to Cemetery 1 @ $ 15 | | 15 |
| Autos to R. R. Station ..... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| 1 Certif. Copies of Death Certificate No. (State Number and District) | | 50 |
| Pall Bearer Service, $ ..... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | 35 |
| Cremation | | |
| Ins Death Notices in 1 Papers | | 3.50 |
| Flowers, $ ..... Palms, $ ..... Matting, $ | | |
| Rental of Tent, $ ..... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ..... Lowering Device, $ 2 | | 2 |
| Outlay for Shipping Charges | | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ | | |
| Railroad or Motor Tickets, $ ..... Aero-plane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | 240 |
| Less | $ | |
| Balance | $ | 241 |

Entered into Ledger, page ..... or below.

To Funeral Charges ..... Total, $

By Cash $

[illegible] 1938

Insurance $ ..... Name of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ..... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ............

Witness ............ Address ............

Compiled by F. J. FREEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 40 ........ Date Dec. 9th 1932

Name of Deceased Mrs. Ella L. Gross (Single—Married—Divorced) Colored (What Race) Tallahassee (Where Born)

Husband—Wife—Widow—of

Residence of Deceased

Charge to Mrs. Lena Bennett, sister

Address 118 Barclay, apt. 5 B

Order given by sister (or Informant)

How Secured

Occupation of Deceased Sup. of hotel

Name of Employer

Address

Date of Death June 9th 1932 (Date) 7:30 A.M. (Hour)

Date of Birth Aug. 12th 1904

Age 33 (Years) 7 (Months) 21 (Days)

Date of Funeral 6-11-32 (Date) Sat. (Day of Week) 1 P.M. (Hour)

Services at funeral home

Clergyman Rev. J. H. Williams

His Address [illegible]

Religion of the Deceased Baptist

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death [illegible] Hosp.

Cause of Death [illegible]

Contributory Causes

Certifying Physician Hosp. staff (or Coroner)

His Address

Name of Father James Turner

His Birthplace Arkansas

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship Remains to [illegible]

Size and Style of Casket half couch, silver gray plush (Size Color)

Manufactured by [illegible] Co.

Interment at [illegible] (Cemetery / Crematory)

Diagram of Lot or Vault

Lot No.

Grave No. 397

Section No. 23

Owner

| Item | Amount |
|---|---|
| Complete Funeral | 141 15 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) [illegible] painted gray | 20 |
| Burial Vault (State Kind) | |
| Embalming Body ...... with (State Kind) Fluid | 22 |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ (State Color) ...... Slippers, $ | |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ 1 ...... Ambulance, $ | 15 |
| Limousines to Cemetery ...... @ $ | |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from [illegible] | [illegible] |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| 2 Certif. Copies of Death Certificates No. (State Number and Give Date) (State Physician's or Coroner's) | 1 |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service | 25 |
| Outlay for Lot | 25 |
| Cremation | |
| ......line Death Notices in ...... Papers (Names of Newspapers) | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ...... Lowering Device, $ 2 | |
| Outlay for Shipping Charges | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor Tickets, $ ...... Aero-plane Service, $ | |
| Telegs., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 296 |
| Less | $ |
| Balance | $ 296 |

Entered into Ledger, page ...... or below.

To Funeral Charges .... Total, $

By Cash $

Insurance $ Name of Lodges

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources ... Legally available to ... the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ...... Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Total No. ......

Name of Deceased

Residence of Deceased

Charge to Mrs. [illegible]

Address 155 [illegible]

Order given by [illegible]

How Secured

Occupation of Deceased

Name of Employer

Address

Date of Death [illegible]

Date of Birth [illegible]

Age 72 (Years)

Date of Funeral [illegible]

Services at funeral [illegible]

Clergyman [illegible]

His Address Rev. [illegible]

Religion of the Deceased

Resided in the State

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes

Certifying Physician

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship Remains to

Size and Style of Casket [illegible]

Manufactured by [illegible]

Interment at [illegible]

Diagram of Lot or Vault

Insurance $ 268

...hereby authorize the ab...

...the payment of aforesaid... maturity at the rate of...

Witness

# RECORD OF FUNERAL

Yearly No. 41 Date ........ 19..

...d. Mrs. N. E. Pulley (Single — Married — Divorced) ........ Hampton, Va. (When Buried) (Where Buried)

...ased 133 Central St. ........ | ........

... Emma Pulley, wife

... Central St. ...

... Emma Pulley, wife (or Guardian)

...ceased Clergyman

... May 28th 1936 (Date) (Hour)

... Aug. 1866

... (Months) (Days)

... (Date) (Day of Week) (Hour)

... Baptist

...nts (in U. S. or City or County) (Years) (Months)

... Va.

... Ga. (or Coroner)

... Robert Pulley

Mother. ........

... Cause ........

... { Cemetery / Crematory

Lot No. ........

Grave No. 378

Section No. 24

Owner ........

| | | |
|---|---|---|
| Complete Funeral | $ | 172 |
| Casket | | |
| Metallic Lining | | |
| Outside Box pine painted (State Kind) (Sold Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ...... with ...... Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ...... Hose, $ | | |
| Suit or Dress, $ ...... Slippers, $ (State Color) | | 12 |
| Folding Chairs, $ ...... Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Spray, $ ...... Gloves, $ | | |
| Funeral Car, $ ...... Ambulance, $ | | |
| Limousines to Cemetery ...... @ $ | | |
| Autos to R. R. Station ...... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| ...... Certif. Copies of Death Certificate No. (State Number and District) (Attending Physician's or Coroner's) | | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | 25 |
| Cremation | | |
| 2 ...... line Death Notices in 1 Papers (Name of Newspapers) | | 2 |
| Flowers, $ ...... Palms, $ ...... Matting, $ | | |
| Rental of Tent, $ ...... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ...... Lowering Device, $ 7 | | 7 |
| Outlay for Shipping Charges | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | |
| Railroad or Motor Tickets, $ ...... Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | 222 |
| Less | $ | |
| Balance | $ | 222 |
| Entered into Ledger, page ...... or below. | | |

To Funeral Charges ...... Total, $ ...... By Cash ...... $

...58.75 Name of Lodges ........ Insurance Companies Met. Life Ins. Co.

...the above Funeral, and I hereby represent that I have sufficient resources legally available to ...

...aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from ...... of 6% per annum. (Pass Name of Funeral Director)

Signed

Address

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 310 Date Dec. 9th 193

Name of Deceased Mrs. Ella L. Green (Single — Married — Divorced) Colored (What Race) Tulle (Where Born)

Residence of Deceased ............ Husband—Wife—Widow

Charge to Mrs. Lena Bennett sister

Address 113 Barclay apt. 23.

Order given by sister

How Secured

Occupation of Deceased Keep. of Hotel

Name of Employer

Address

Date of Death June 9th 1938 7.30 P.M. (Hour)

Date of Birth Aug. 12th 1904

Age 33 (Years) 9 (Months) 21 (Days)

Date of Funeral 6-11-38 Sat. 1 P.M. (Hour)

Services at Funeral Home

Clergyman Rev. J. H. Killum

His Address

Religion of the Deceased

Resided in the State

Place of Death Belle ... Hosp.

Cause of Death ... poison

Contributory Causes

Certifying Physician Hosp. staff

His Address

Name of Father James Turner

His Birthplace Arkansas

Maiden Name of Mother Anna Henderson

Her Birthplace Ark.

Motor / Ship Remains to ... N. J.

Size and Style of Casket half couch silver gray plush.

Manufactured by

Interment at Rosehill (Cemetery / Crematory)

Lot No.

Grave No. 399

Section No. 24

Owner

Diagram of Lot or Vault

| Item | Amount |
|---|---|
| Complete Funeral | $1 16 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) ... painted gray | 20 |
| Burial Vault (State Kind) | |
| Embalming Body 1 with (State Kind) Fluid | 25 |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ Slippers, $ (State Color) | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ 1 Ambulance, $ | 15 |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from Belle ... Hosp. | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and Date) | |
| 2 Certif. Copies of Death Certificates No. | 1 |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | 25 |
| Outlay for Lot | 25 |
| Cremation | |
| Death Notices in Papers | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ 2 | 2 |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 246 |
| Less | $ |
| Balance | $ 246 |

Entered into Ledger, page ...... or below.

| | To Funeral Charges ... Total, $ | | By Cash | $ |
|---|---|---|---|---|

Insurance $ Name of Lodges Insurance Company ... Insurance Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ............ Address

# RECORD OF FUNERAL

Total No. ........ Yearly No. ..... Date: [illegible] 19.....

Name of Deceased: Rev. H. C. [illegible] (Single — Married — Divorced) (What Race) (What Color)

Residence of Deceased: 155 [illegible] at [illegible]

Charge to: Mrs. Emma [illegible] wife

Address: 155 [illegible]

Order given by: Emma [illegible] wife

How Secured: ........

Occupation of Deceased: Clergyman

Name of Employer: ........

Address: ........

Date of Death: May 23rd 193[illegible] (Date) (Hour)

Date of Birth: Aug. 1866

Age: [illegible] (Years) (Months) (Days)

Date of Funeral: 5-26 [illegible] (Date) (Day of Week) (Hour)

Services at: [illegible]

Clergyman: [illegible]

His Address: [illegible]

Religion of the Deceased: Baptist

Resided in the State: ........ (or U.S. or City or Country) (Years) (Months)

Place of Death: [illegible]

Cause of Death: [illegible]

Contributory Causes: ........

Certifying Physician: [illegible] (or Coroner)

His Address: ........

Name of Father: [illegible]

His Birthplace: [illegible]

Maiden Name of Mother: [illegible]

Her Birthplace: [illegible]

Motor / Ship Remains to: [illegible]

Size and Style of Casket: [illegible]

Manufactured by: [illegible] Co.

Interment at: [illegible] (Cemetery / Crematory)

Lot No. ........

Grave No. [illegible]

Section No. 24

Owner ........

Diagram of Lot or Vault

| Item | | $ |
|---|---|---|
| Complete Funeral | | 173 |
| Casket | | |
| Metallic Lining | | |
| Outside Box [illegible] (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ........ with ........ Fluid | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ ........ (State Color) Slippers, $ | | 12 |
| Folding Chairs, $ ........ Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery ........ @ $ | | |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificate No. (State Number and Date) | | [illegible] |
| Pall Bearer Service, $ ........ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | [illegible] |
| Cremation | | |
| ........ line Death Notices in 1 Papers (Names of Newspapers) | | [illegible] |
| Flowers, $ ........ Palms, $ ........ Matting, $ | | |
| Rental of Tent, $ ........ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ........ Lowering Device, $ 7 | | 7 |
| Outlay for Shipping Charges | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Motor Tickets, $ ........ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | [illegible] |
| Less | $ | |
| Balance | $ | [illegible] |

Entered into Ledger, page ........ or below.

| To Funeral Charges ........ Total, $ | By Cash $ |
|---|---|
| | [illegible] |

Insurance $ 268.75 Name of Lodge ........ Insurance Company [illegible]

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to pay for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

(Firm Name of Funeral Directors)

Signed ........

Witness ........ Address ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 42 ........ Date Aug. 2 ........ 19..

Name of Deceased [illegible] (Single — Married — Divorced) ........ (What Race) ........ (Where Born)

Residence of Deceased [illegible] Husband—Wife—Widow [illegible]

Charge to [illegible]

Address [illegible]

Order given by [illegible] (or whom)

How Secured

Occupation of Deceased

Name of Employer

Address

Date of Death [illegible] (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father [illegible]

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to St. Elizabeth [illegible]

Size and Style of Casket [illegible] (State Color) [illegible]

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory

Lot No. 1 [illegible]

Grave No. 7

~~Section~~ No.

Owner

Diagram of Lot or Vault

| | |
|---|---|
| Complete Funeral | $ 27 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and Date) | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 5 |
| Cremation | |
| line Death Notices in Papers (Names of Newspapers) | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ 35 |
| Entered into Ledger, page .. or below | |

| To Funeral Charges ..Total, $ | By Cash $ |
|---|---|
| | |

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest @ accrues after maturity at the rate of 6% per annum.

Signed

Witness ........ Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 43    Date ... 19...

(Single – Married) (Complexion) (What Race) (When Born)

...d 342 ... (Husband – Wife – Widow)

Complete Funeral ............ $ 125

Casket ....
Metallic Lining ....
Outside Box ... (State Kind)
Burial Vault ... (State Kind)
Embalming Body ... with ... Fluid
Barber, $ ... Hair Dressing, $
Dressing Body ....
Underwear, $ ... Hose, $
Suit or Dress, $ ... Slippers, $
Folding Chairs, $ ... (State Color) Tarpaulin, $
Candelabrum, $ ... Candles, $
Door Spray, $ ... Gloves, $
Funeral Car, $ ... Ambulance, $
Limousines to Cemetery ... @ $
Autos to R. R. Station ... @ $
Getting Remains from ....
Taking Remains to ....
Trip to Coroner's Inquest
Delivering Box to ..
Deliver Flowers to
Removal Charges ....
Procuring Burial Permit ....
... Certif. Copies of Death Certificates No. ... (State Number and Charge)
Pall Bearer Service, $ ... (State Physician's or Coroner's) Use of Chapel, $
Personal Service ....
Outlay for Lot ...
Cremation ....
... line Death Notices in ... Papers (Names of Newspapers)
Flowers, $ ... Palms, $ ... Matting, $
Rental of Tent, $ ... of Temporary Vault, $
Opening of Grave or Tomb ....
Lining Grave, $ ... Lowering Device, $
Outlay for Shipping Charges ....
Clergyman, $ ... Singers, $ ... Organist, $
Railroad or Motor Tickets, $ ... Aero-plane Service, $
Telegr., Phone, Cable or Radio Charges ....
Cash Advanced ....
Out of town Undertaker's Charges ....
Sales Tax ....

...ased ... (Date) ... (Hour) ... (Months) ... (Days) ... Day of Week ... (Hour)

...cald ... (Twp. Vill. or City or County) (Tube) (Smaller)

... (or Coroner)

... Richardson
... N.C.
...other Casey Richardson
... N.C.
... Nashville, N.C.
...ket, square ... (State Color)

{ Cemetery / Crematory }

Lot No. ....
Grave No. ....
Section No. ....
Owner ....

Total Footing of Bill ........ $ 125
Less ........ $
Balance ........ $ 125
Entered into Ledger, page ... or below.

...Funeral Charges .... Total, $ ....

By Cash ........ $

Names of Lodges .... Insurance Companies ....

...ove Funeral, and I hereby represent that I have sufficient resources legally available to ... said sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from ... % per annum.

Signed ....

Address ....

Compiled by F. J. FEDEHMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 42 Date ............ 19

Name of Deceased .................. (Single — Married — Divorced) (What Race) (Where Born)

Residence of Deceased 211 Charlton St. ............ Husband — Wife — Widow — Widower

Charge to Mr. ............ father

Address 215 Charlton St. ............

Order given by father (or informant)

How Secured ............

Occupation of Deceased ............

Name of Employer ............

Address ............

Date of Death June 1923 ............ (Date) (Hour)

Date of Birth ............

Age ............ (Years) (Months) (Days)

Date of Funeral ............ (Date) (Day of Week) (Hour)

Services at ............

Clergyman ............

His Address ............

Religion of the Deceased ............

Resided in the State ............ (or U. S. or City or County) (Years) (Months)

Place of Death ............

Cause of Death ............

Contributory Causes ............

Certifying Physician ............ (or Coroner)

His Address ............

Name of Father ............

His Birthplace ............

Maiden Name of Mother ............

Her Birthplace ............

Motor / Ship } Remains to Elizabeth, N. J.

Size and Style of Casket ............ (Outside Color)

Manufactured by ............

Interment at ............ { Cemetery / Crematory

| Diagram of Lot or Plots | |
|---|---|
| ............ 3/13/17 | Lot No. ............ |
| | Grave No. 7 |
| | Section No. ............ |
| | Owner ............ |

| | $ |
|---|---|
| Complete Funeral | 27 |
| Casket ............ | |
| Metallic Lining ............ | |
| Outside Box ............ (Same Kind) | |
| Burial Vault ............ (State Kind) | |
| Embalming Body with ............ (State Kind) Fluid | |
| Barber, $ ............ Hair Dressing, $ | |
| Dressing Body ............ | |
| Underwear, $ ............ Hose, $ | |
| Suit or Dress, $ ............ Slippers, $ | |
| Folding Chairs, $ ............ Tarpaulin, $ (State Color) | |
| Candelabrum, $ ............ Candles, $ | |
| Door Spray, $ ............ Gloves, $ | |
| Funeral Car, $ ............ Ambulance, $ | |
| Limousines to Cemetery ............ @ $ | |
| Autos to R. R. Station ............ @ $ | |
| Getting Remains from ............ | |
| Taking Remains to ............ | |
| Trip to Coroner's Inquest | |
| Delivering Box to ............ | |
| Deliver Flowers to ............ | |
| Removal Charges ............ | |
| Procuring Burial Permit ............ (State Number and District) | |
| Certif. Copies of Death Certificates No. ............ (State Physician or Coroner's) | |
| Pall Bearer Service, $ ............ Use of Chapel, $ | |
| Personal Service ............ | |
| Outlay for Lot ............ | 8 |
| Cremation ............ | |
| ............ line Death Notices in ............ Papers (Names of Newspapers) | |
| Flowers, $ ............ Palms, $ ............ Matting, $ | |
| Rental of Tent, $ ............ of Temporary Vault, $ | |
| Opening of Grave or Tomb ............ | |
| Lining Grave, $ ............ Lowering Device, $ | |
| Outlay for Shipping Charges ............ | |
| Clergyman, $ ............ Singers, $ ............ Organist, $ | |
| Railroad or Motor } Tickets, $ ............ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced ............ | |
| Out of town Undertaker's Charges ............ | |
| Sales Tax ............ | |
| Total Footing of Bill | 35 |
| Less ............ | |
| Balance ............ | 35 |
| Entered into Ledger, page ............ or below | |

| To Funeral Charges ............ Total, $ | By Cash $ |
|---|---|
| | |

Insurance $ ............ Name of Lodges ............ Insurance Companies ............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ............ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ............ days from date. Interest to accrue monthly at the rate of 6% per annum.

Signed ............

Witness ............ Address ............

Compiled by F. J. FRICKMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 313 ........ Date ........ 19..

Name of Deceased ........ (Single — Married — Divorced) ........ (Wife) (Widow) ........ (What State) ........ (Where Born) N.C.

Residence of Deceased 342 ........

Charge to ........

Address ........

Order given by ........ (or Informant)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death ........ (Date) ........ (Hour)

Date of Birth ........

Age 29 (Years) ........ (Months) ........ (Days)

Date of Funeral ........ (Date) ........ (Day of Week) ........ (Hour)

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (in U. S. or City or County) (Years) (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........ Richardson

His Birthplace N.C.

Maiden Name of Mother Carey Richardson

Her Birthplace N.C.

Remains to Nashville, ........

Size and Style of Casket ........

Manufactured by ........

Interment at ........ (Cemetery / Crematory)

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

| | |
|---|---|
| Complete Funeral | $ 125 |
| Casket ........ | |
| Metallic Lining ........ | |
| Outside Box ........ (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body ........ with ........ (State Kind) Fluid | |
| Barber, $........ Hair Dressing, $ | |
| Dressing Body ........ | |
| Underwear, $........ Hose, $ | |
| Suit or Dress, $........ Slippers, $ | |
| Folding Chairs, $........ (State Color) Tarpaulin, $ | |
| Candelabrum, $........ Candles, $ | |
| Door Spray, $........ Gloves, $ | |
| Funeral Car, $........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from ........ | |
| Taking Remains to ........ | |
| Trip to Coroner's Inquest ........ | |
| Delivering Box to ........ | |
| Deliver Flowers to ........ | |
| Removal Charges ........ | |
| Procuring Burial Permit ........ (State Number and Date) | |
| ....Certf.Copiesof Death CertificatesNo. ........ (State Physician's or Coroner's) | |
| Pall Bearer Service, $........ Use of Chapel, $ | |
| Personal Service ........ | |
| Outlay for Lot ........ | |
| Cremation ........ | |
| ........ line Death Notices in ........ Papers | |
| (Names of Newspapers) | |
| Flowers, $........ Palms, $........ Matting, $ | |
| Rental of Tent, $........ of Temporary Vault, $ | |
| Opening of Grave or Tomb ........ | |
| Lining Grave, $........ Lowering Device, $ | |
| Outlay for Shipping Charges ........ | |
| Clergyman, $........ Singers, $........ Organist, $ | |
| Railroad or Motor Tickets, $........ Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges ........ | |
| Cash Advanced ........ | |
| Out of town Undertaker's Charges ........ | |
| Sales Tax ........ | |
| Total Footing of Bill | $ 125 |
| Less ........ | |
| Balance ........ | $ 125 |

Entered into Ledger, page ........ or below.

To Funeral Charges Total, $ ........ | By Cash $ ........

Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ........ the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from ........ maturity, at the rate of ........% per annum.

Witness ........ Signed ........

Address ........

# RECORD OF FUNERAL

Total No. ........ Yearly No. ...... Date ........ 19..

Name of Deceased ........ (White Race) (Where Born)

Residence of Deceased ........

Charge to ........

Address ........

Order given by ........

How Secured ........

Occupation of Deceased Housewife

Name of Employer ........

Address ........

Date of Death ........

Date of Birth ........

Age 69 (Years) 6 (Months) 24 (Days)

Date of Funeral ........ (Date) (Day of Week) (Hour)

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (Years) (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Remains to ........

Size and Style of Casket ........ (State Color)

Manufactured by ........

Interment at ........ Cemetery

Lot No. 3

Grave No. ........

Section No. ........

Owner ........

Diagram of Lot or Tomb

To Funeral Charges .... Total, $

| Item | $ | |
|---|---|---|
| Complete Funeral | | |
| Casket | | |
| Metallic Lining ........ (State Kind) | | |
| Outside Box ........ (State Kind) | | |
| Burial Vault ........ (State Kind) | | |
| Embalming Body ........ with ........ Fluid | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ ........ Slippers, $ | | |
| Folding Chairs, $ ........ Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Charges) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| Ilse Death Notices in ... Papers (Names of Newspapers) | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | | |
| Less | | |
| Balance | | |
| Entered into Ledger, page ... or below. | | |

By Cash $

Name of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby guarantee that I have sufficient resources Legally applicable to the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of ...% per annum. (Firm Name of Funeral Director)

Signed ........

Witness ........ Address ........

Compiled by F. J. PFEIFFER, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 42 ........ Date ........

Name of Deceased ........ (Single—Married—Divorced) ........ (What Race)

Residence of Deceased ........ Husband—Wife—Widow or Widower ........

Charge to ........

Address ........

Order given by ........ (or informant)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death ........ (Time) ........ (Hour)

Date of Birth ........

Age ........ (Years) (Month) (Days)

Date of Funeral ........ (Date) (Day of Week) (Hour) M.

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (Of U. S. or City or County) (Years) (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Motor / etc. } Remains to ........

Size and Style of Casket ........ (State Color)

Manufactured by ........

Interment at ........ { Cemetery / Crematory

Lot No. ........

Grave No. 2

Section No. ........

Owner ........

(Diagram of Lot or Vault)

Complete Funeral ........

Casket ........

Metallic Lining ........ (State Kind)

Outside Box ........ (State Kind)

Burial Vault ........ (State Kind)

Embalming Body ........ with ........ Fluid

Barber, $ ........ Hair Dressing, $ ........

Dressing Body ........

Underwear, $ ........ Hose, $ ........

Suit or Dress, $ ........ (State Color) Slippers, $ ........

Folding Chairs, $ ........ Tarpaulin, $ ........

Candelabrum, $ ........ Candles, $ ........

Door Spray, $ ........ Gloves, $ ........

Funeral Car, $ ........ Ambulance, $ ........

Limousines to Cemetery ........ @ $ ........

Autos to R. R. Station ........ @ $ ........

Getting Remains from ........

Taking Remains to ........

Trip to Coroner's Inquest ........

Delivering Box to ........

Deliver Flowers to ........

Removal Charges ........

Procuring Burial Permit ........ (State Number and District)

Certif. Copies of Death Certificates No. ........ (State Physician's or Coroner)

Pall Bearer Service, $ ........ Use of Chapel, $ ........

Personal Service ........

Outlay for Lot ........

Cremation ........

........ Ins Death Notices in ........ Papers (Names of Newspapers)

Flowers, $ ........ Palms, $ ........ Matting, $ ........

Rental of Tent, $ ........ of Temporary Vault, $ ........

Opening of Grave or Tomb ........

Lining Grave, $ ........ Lowering Device, $ ........

Outlay for Shipping Charges ........

Clergyman, $ ........ Singers, $ ........ Organist, $ ........

Railroad or Motor } Tickets, $ ........ Aeroplane Service, $ ........

Teleg., Phone, Cable or Radio Charges ........

Cash Advanced ........

Out of town Undertaker's Charges ........

Sales Tax ........

Total Footing of Bill ........

Less ........

Balance ........

Entered into Ledger, page ........ or below.

To Funeral Charges ........ Total, $ ........

By Cash ........

Insurance $ ........ Name of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. In maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. .............. Yearly No. 44 Date [illegible] 19..

Name of Deceased [illegible] (Single—Married—Divorced) [illegible] (What Race) (Where Born)

Husband—Wife—Widow

Residence of Deceased 43 [illegible]

Charge to [illegible]

Address 43 [illegible]

Order given by [illegible] (Relationship)

How Secured

Occupation of Deceased

Name of Employer

Address

Date of Death (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour)

Services at [illegible]

Clergyman

His Address

Religion of the Deceased

Resided in the State, or U. S. or City or County (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket [illegible] (State Color) [illegible]

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory

Lot No.

Grave No. [illegible]

Section No. [illegible]

Owner

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 17[illegible] |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box [illegible] (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 2[illegible] |
| Cremation | |
| Ins Death Notices in Papers (Names of Newspapers) | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 200 |
| Less [illegible] | 15 |
| Balance | 185 |
| Entered into Ledger, page ...... or below. | |

To Funeral Charges. Total, $ | By Cash $

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Address

Compiled by F. J. FRIEDEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. ... Date ... 19 ...

...ed ... Mrs. Violet ... (Single—Married—Divorced) ... (What Race) ... (Where Born)

...ased ... (Husband—Wife—Widow)

Occupation of Deceased ... Housewife

| | |
|---|---|
| Complete Funeral | $ 1?? |
| Casket | |
| Metallic Lining ... (State Kind) | |
| Outside Box ... (State Kind) | |
| Burial Vault ... (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... (State Color) ... Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit ... (State Number and District) | |
| Certif. Copies of Death Certificate No. ... (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ... Death Notices in ... Papers (Names of Newspapers) | 2. |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 187 |
| Less | $ |
| Balance | $ 187 |
| Entered into Ledger, page ... or below. | |

(Date) ... (Day of Week) ... (Hour)

Deceased ... England

State ... (of U. S. or City or Country) (Years) (Months)

...ian ... (by Coroner)

...f Mother

...to

...f Casket ... (State Color)

... (Cemetery) (Crematory)

Plot No. ... 3

Grave No. ... 46

Section No. ... 24

Owner ...

To Funeral Charges ... Total, $ ... By Cash ... $

Names of Lodges ... Insurance Companies

...the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...f aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. (from Name of Funeral Director) Interest to accrue ...ts of 6% per annum.

Signed

Address

Compiled by F. J. FRANKMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ..............  Yearly No. 44  Date [illegible] ....19..

Name of Deceased [illegible] Sarah [illegible] (Single—Married—Widowed) ........ (What Race) (Where Born)

Residence of Deceased 43 [illegible] (Husband—Wife—Widow)

Charge to Mrs. [illegible] William

Address 43 [illegible]

Order given by [illegible] (or otherwise)

Boy Secured

Occupation of Deceased

Name of Employer

Address

Date of Death (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour)

Services at [illegible]

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or Country) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket [illegible] (State Color)

[illegible]

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory

Lot No.

Grave No. 346

Section No. 24

Owner

Diagram of Lot or Tomb

| Item | $ |
|---|---|
| Complete Funeral | 175 |
| Casket | |
| Metallic Lining | |
| Outside Box [illegible] (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ...... with ...... Fluid | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ (State Color) ...... Slippers, $ | |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service | |
| | 25 |
| Outlay for Lot | |
| Cremation | |
| line Death Notices in ...... Papers (Names of Newspapers) | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ...... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor } Tickets, $ ...... Aeroplane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 200 |
| Less [illegible] | 25 |
| Balance | 175 |

Entered into Ledger, page ...... or below.

To Funeral Charges ...... Total, $

By Cash ...... $

Insurance $ ...... Names of Lodges ...... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue after maturity at the rate of 6% per annum.

Signed

Witness

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. [illegible] ........ Date [illegible] 19 ..

Name of Deceased [illegible] (Single — Married — Divorced) ...... [illegible] (What Race) [illegible] (Where Born)

Residence of Deceased 205 [illegible] ...... Husband Wife—Widow

Charge to. [illegible]

Address 205 [illegible]

Order given by [illegible] (Relationship)

How Secured ........

Occupation of Deceased [illegible]

Name of Employer ........

Address ........

Date of Death [illegible] (Date) [illegible] (Hour)

Date of Birth [illegible]

Age 69 (Years) 6 (Months) 24 (Days)

Date of Funeral [illegible] (Date) [illegible] (Day of Week) [illegible] (Hour)

Services at [illegible] Church

Clergyman [illegible]

His Address [illegible]

Religion of the Deceased [illegible]

Resided in the State ...... in U. S. or City or County ...... (Years) (Months)

Place of Death 205 [illegible]

Cause of Death [illegible]

Contributory Causes ........

Certifying Physician [illegible] (or Coroner)

His Address [illegible]

Name of Father ........

His Birthplace ........

Maiden Name of Mother [illegible] ?

Her Birthplace [illegible]

Shipped / Remains to [illegible]

Name and Style of Casket ........ (State Color)

Manufactured by ........

Interment at [illegible] Cemetery / Crematory

Diagram of Lot or Vault

Lot No. [illegible]

Grave No. [illegible]

Section No. [illegible]

Owner ........

| Item | $ | |
|---|---|---|
| Complete Funeral | [illegible] | |
| Casket | | |
| Metallic Lining ........ (State Kind) | | |
| Outside Box ........ (State Kind) | | |
| Burial Vault ........ (State Kind) | | |
| Embalming Body ........ with ........ Fluid | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ ........ Slippers, $ | | |
| Folding Chairs, $ ........ (State Color) Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery ........ @ $ | | |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| ...Certif. Copies of Death Certificates No. (State Number and District; State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | [illegible] | |
| Cremation | | |
| ...line Death Notices in ...... Papers | [illegible] | |
| Flowers, $ ........ Palms, $ ........ Matting, $ (Names of Newspapers) | | |
| Rental of Tent, $ ........ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ........ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Motor Tickets, $ ........ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | [illegible] | |
| Less | | |
| Balance | [illegible] | |
| Entered into Ledger, page ...... or below. | | |

To Funeral Charges ... Total, $

By Cash

Insurance $ ........ Names of Lodges ........ Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to pay for the expenses of aforesaid sum, and I hereby consent and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Address ........

Compiled by F. J. FRIEDRICH, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 46 ........ Date [illegible] 19..

Name of Deceased [illegible] (Single—Married—Divorced) ........ [illegible] (What Race) [illegible] (Where Born)

Residence of Deceased 277 [illegible] Husband—Wife—Widow ........

Charge to [illegible]

Address [illegible]

Order given by [illegible] (or informant)

How Secured

Occupation of Deceased [illegible]

Name of Employer

Address

Date of Death [illegible] (Date) (Hour)

Date of Birth [illegible]

Age [illegible] (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 577 [illegible]

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship | Remains to [illegible]

Size and Style of Casket [illegible]

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory

Diagram of Lot or Vault

Lot No. ........

Grave No. [illegible]

Section No. [illegible]

Owner ........

| Item | Amount |
|---|---|
| Complete Funeral | $ 75 |
| Casket | |
| Metallic Lining ........ (State Kind) | |
| Outside Box [illegible] (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body ...... with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit ........ (State Number and District) | |
| Certif. Copies of Death Certificates No. ........ (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| line Death Notices in ........ Papers (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor \| Tickets, $ ........ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ [illegible] |
| Loss | $ |
| Balance | $ [illegible] |

Entered into Ledger, page ........ or below.

To Funeral Charges ........ Total, $ ........ By Cash $

Insurance $ ........ Names of Lodges ........ Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 47 Date Dec. 27th 19 38

Mr. James Derricks (Single—Married—Divorced) Colored Madison N.J. (What Race) (Where Born)

Husband—Wife—Widow Mary

Florence & Glenn Miller
Commercial St. M.T.
Mrs. Mathews (or Informant)
Contract

December 25 1938 11:50 (Date) (Hour)
Aug. 13th 1891

(Month) (Date)
Dec. 28 38 Wed. 2:30 P.M. (Day of Week) (Hour)
Funeral Home

(or City or County) (Year) (Month)

No permit

(or Coroner)

Father Florence

Bloomfield N.J.
Orchard half couch (State Color)
gray finish
M. E. C. E.
Ellendale (Cemetery / Crematory)

Lot No.

Grave No.

Section No.

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | | |
| Casket | 220 | |
| Metallic Lining | | |
| Outside Box ... pine, painted ... (State Kind) | 16 | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | 25 | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Delivering Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| 2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | 1 | 00 |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 55 | |
| Cremation | | |
| Ins. Death Notices in 1 Papers (Names of Newspapers) | 3 | 70 |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ 2.50 Lowering Device, $ 2.50 | 5 | 00 |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 325 | |
| Less | | |
| Balance | 325 | — |

Entered into Ledger, page ...... or below.

Funeral Charges .... Total, $ | By Cash $

Paid in full Oct. 7, 1939 J. E. C.

Names of Lodges ...... Insurance Companies

...ve Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors)

...ed sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from ... per annum.

Signed

Address

Compiled by F. J. FEDERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ......... Yearly No. 46 ......... Date [illegible]

Name of Deceased [illegible] (Single—Married—Divorced) ......... (What Race) ......... (Where Born)

Residence of Deceased [illegible] | Husband—Wife—Widow ......... of

Charge to [illegible]

Address [illegible]

Order given by [illegible] (or telephoned)

How Secured .........

Occupation of Deceased [illegible]

Name of Employer .........

Address .........

Date of Death [illegible] (Date) ......... (Hour)

Date of Birth [illegible]

Age [illegible] (Years) ......... (Months) ......... (Days)

Date of Funeral ......... (Date) ......... (Day of Week) ......... (Hour) M.

Services at .........

Clergyman .........

His Address .........

Religion of the Deceased .........

Resided in the State ......... or U. S. or City or County (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes .........

Certifying Physician [illegible] (or Coroner)

His Address .........

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible]

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory

Lot No. .........

Grave No. 41-7

Section No. [illegible]

Owner .........

(Diagram of Lot or Vault)

Complete Funeral ......... $ 75

Casket .........

Metallic Lining .........

Outside Box [illegible] (State Kind) (Name Kind)

Burial Vault .........

Embalming Body ......... with ......... (State Kind) Fluid

Barber, $ ......... Hair Dressing, $

Dressing Body .........

Underwear, $ ......... Hose, $

Suit or Dress, $ ......... (State Color) Slippers, $

Folding Chairs, $ ......... Tarpaulin, $

Candelabrum, $ ......... Candles, $

Door Spray, $ ......... Gloves, $

Funeral Car, $ ......... Ambulance, $

Limousines to Cemetery ......... @ $

Autos to R. R. Station ......... @ $

Getting Remains from .........

Taking Remains to .........

Trip to Coroner's Inquest

Delivering Box to .........

Deliver Flowers to .........

Removal Charges .........

Procuring Burial Permit ......... (Number and District)

Certif. Copies of Death Certificate No. ......... (State Physician's or Coroner's)

Pall Bearer Service, $ ......... Use of Chapel, $

Personal Service

Outlay for Lot ......... 25

Cremation .........

.........line Death Notices in ......... Papers (Names of Newspapers)

Flowers, $ ......... Palms, $ ......... Matting, $

Rental of Tent, $ ......... of Temporary Vault, $

Opening of Grave or Tomb .........

Lining Grave, $ ......... Lowering Device, $

Outlay for Shipping Charges .........

Clergyman, $ ......... Singers, $ ......... Organist, $

Railroad or Motor } Tickets, $ ......... Aero-plane Service, $

Teleg., Phone, Cable or Radio Charges

Cash Advanced .........

Out of town Undertaker's Charges .........

Sales Tax .........

Total Footing of Bill ......... $ [illegible]

Less ......... $

Balance ......... $ [illegible]

Entered into Ledger, page ......... or below.

To Funeral Charges ......... Total, $ ......... | By Cash ......... $

Insurance $ ......... Names of Lodges ......... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ......... (Firm Name of Funeral Director)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ......... days from date. Interest to accrue at maturity at the rate of 6% per annum.

Signed .........

Witness ......... Address .........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

...al No. ........ Yearly No. 47 Date Dec. 27th 19 28

...ame of Deceased Mr. Louis Derricks (Single – Married – Divorced) Colored Hudson N.J. (What Race) (Where Born)

...esidence of Deceased ........ Husband—Wife—Widow—of Mary

Charge to Mrs. Florence + Green – Mother

Address 35 Somerset St. B. ...

Order given by mother

How Secured Contact

Occupation of Deceased

Name of Employer

Address

Date of Death June 25 - 1928 11 (Hour)

Date of Birth Aug. 13th 1891

Age 46 (Years) (Months) (Days)

Date of Funeral 6-28-28 Wed. 2:30 (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State ... in U. S. or City of Country (Years) (Months)

Place of Death

Cause of Death see permit

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother Florence

Her Birthplace

Remains to S. Plainfield N.J.

Make and Style of Casket chestnut half couch (Size Color) gunmetal gray finish

Manufactured by

Interment at Ellendale (Cemetery / Crematory)

| Item | $ | |
|---|---|---|
| Complete Funeral | 220 | |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) pine ... | 16 | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | 25 | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ Slippers, $ | | |
| Folding Chairs, $ (State Count) Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| 2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | 1 | 01 |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 53 | |
| Cremation | | |
| ...line Death Notices in 1 Papers (Names of Newspapers) | 3 | 20 |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ 2.50 Lowering Device, $ 2.50 | 5 | 00 |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 325 | |
| Less | | |
| Balance | 325 | |

Entered into Ledger, page ... or below.

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

Diagram of Lot or Vault

To Funeral Charges ... Total, $

By Cash $

Paid ... 1929

...surance $ ... Name of Lodge ... Insurance Companies

...hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...y the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from ...aturity at the rate of 6% per annum. (Firm Name of Funeral Directors)

Signed

Witness ... Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. [illegible] Date [illegible] 193[illegible]

Name of Deceased [illegible] (Single—Married—Divorced) [illegible] (What Race) (Where Born)

Residence of Deceased [illegible] Husband—Wife—Widow—

Charge to [illegible]

Address [illegible]

Order given by [illegible] (or informant)

How Secured

Occupation of Deceased

Name of Employer

Address

Date of Death [illegible] (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Remains to

Name and Style of Casket (Outer Color)

Manufactured by

Interment at { Cemetery / Crematory }

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| | | |
|---|---|---|
| Complete Funeral | $ | |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ (State Color) Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificate No. (State Number and District) | | |
| Pall Bearer Service, $ (State Physician's or Coroner's) Use of Chapel, $ | | |
| Personal Service | | 15 |
| [illegible] | | 4 |
| Outlay for Lot | | |
| Cremation | | |
| line Death Notices in Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | 17 |
| Less | $ | |
| Balance | $ | 17 |
| Entered into Ledger, page ...... or below. | | |

| To Funeral Charges | Total, $ | By Cash | $ |
|---|---|---|---|
| | | [illegible] | |
| | | [illegible] | |

Insurance $ Name of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness

Address

# RECORD OF FUNERAL

Total No. ........ Yearly No. 96 ........ Date [illegible]

Name of Deceased [illegible] (Single—Married—Widowed) ........ [illegible] (What Race) [illegible]

Husband—Wife—Widow—

Residence of Deceased [illegible]

Charge to [illegible]

Address [illegible]

Order given by [illegible] (or relationship)

How Secured

Occupation of Deceased [illegible]

Name of Employer

Address

Date of Death [illegible] (Date) (Hour)

Date of Birth [illegible]

Age [illegible] (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Hdw. } Remains to [illegible]

Size and Style of Casket [illegible]

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No. 464

Section No. [illegible]

Owner

Complete Funeral ........ $

Casket

Metallic Lining

Outside Box [illegible] (State Kind) (Name Kind)

Burial Vault

Embalming Body ........ with ........ Fluid

Barber, $ ........ Hair Dressing, $

Dressing Body

Underwear, $ ........ Hose, $

Suit or Dress, $ ........ Slippers, $

Folding Chairs, $ ........ Tarpaulin, $

Candelabrum, $ ........ Candles, $

Door Spray, $ ........ Gloves, $

Funeral Car, $ ........ Ambulance, $

Limousines to Cemetery ........ @ $

Autos to R. R. Station ........ @ $

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and Date)

Certf. Copies of Death Certificates No.

Pall Bearer Service, $ ........ Use of Chapel, $

Personal Service

Outlay for Lot

Cremation

........ line Death Notices in ........ Papers

(Names of Newspapers)

Flowers, $ ........ Palms, $ ........ Matting, $

Rental of Tent, $ ........ of Temporary Vault, $

Opening of Grave or Tomb

Lining Grave, $ ........ Lowering Device, $

Outlay for Shipping Charges

Clergyman, $ ........ Singers, $ ........ Organist, $

Railroad or Motor } Tickets, $ ........ Aeroplane Service, $

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Sales Tax

Total Footing of Bill ........ $

Less ........ $

Balance ........ $

Entered into Ledger, page ........ or below.

To Funeral Charges ........ Total, $ ........ | By Cash ........ $

Insurance $ ........ Name of Lodges ........ Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral) ........ days from date. Int...

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within maturity at the rate of 6% per annum.

Signed

Witness ........ Address

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 41 Date ........ 19..

Name of Deceased ........ (Single — Married — Divorced) ........ (What Race) ........ (Where Born)

Residence of Deceased ........ Husband—Wife—Widow ........

Charge to ........

Address ........

Order given by ........ (or informant)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death ........ (Date) ........ (Hour)

Date of Birth ........

Age ........ (Years) ........ (Months) ........ (Days)

Date of Funeral ........ (Date) ........ Day of Week ........ (Hour)

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (or U. S. or City or County) ........ (Years) ........ (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Motor / Ship } Remains to ........

Size and Style of Casket ........ (State Color)

Manufactured by ........

Interment at ........ { Cemetery / Crematory

Lot No. ........

Grave No. 227

Section No. 3

Owner ........

Diagram of Lot or Vault

| | |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining | |
| Outside Box ........ (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body with ........ (State Kind) Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body ........ | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ Slippers, $ | |
| Folding Chairs, $ ........ (State Color) Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to ........ | |
| Deliver Flowers to | |
| Removal Charges ........ | |
| Procuring Burial Permit ........ | |
| ....Certif. Copies of Death Certificates No. ........ (State Number and Distribution) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ (State Physician's or Coroner's) | |
| Personal Service. | |
| ........ | |
| Outlay for Lot ........ | |
| Cremation ........ | |
| ....line Death Notices in ........ Papers | |
| ........ (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave of Tomb ........ | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges ........ | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad / or Motor } Tickets, $ ........ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced ........ | |
| Out of town Undertaker's Charges ........ | |
| Sales Tax ........ | |
| ........ | |
| Total Footing of Bill ........ | $ |
| Less ........ | $ |
| Balance ........ | $ |
| Entered into Ledger, page ........ or below. | |

| To Funeral Charges .... Total, $ | By Cash $ |
|---|---|
| | |

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ (Firm Name of Funeral Directors) days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FRIEDEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. .... 49 .... Date .... 19....

...ased ... (Single — Married — Divorced) ... (What State) (Where Born)

...ceased ... Husband—Wife—Widow

(of Informant)

...eceased ...

...ver ...

(Date) (Hour)

(Year) (Month) (Date)

(Date) (Day of Week) (Hour) M.

...eceased

...ate (of U.S. or City or County) (Years) (Months)

Residence

...ses

...ian (or Coroner)

Mother

Casket (State Color)

(Cemetery / Crematory)

Lot No.

Grave No.

Section No.

Owner.

| | | |
|---|---|---|
| Complete Funeral | $ | |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ..... with (State Kind) Fluid | | |
| Barber, $ ..... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ..... Hose, $ | | |
| Suit of Dress, $ ..... (Seam Gown) Slippers, $ | | |
| Folding Chairs, $ ..... Turpaulin, $ | | |
| Candelabrum, $ ..... Candles, $ | | |
| Door Spray, $ ..... Gloves, $ | | |
| Funeral Car, $ ..... Ambulance, $ | | |
| Limousines to Cemetery ..... @ $ | | |
| Autos to R. R. Station ..... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ..... Use of Chapel, $ | | |
| Personal Service | 15 | |
| | 4 | |
| Outlay for Lot | | |
| Cremation | | |
| ..... line Death Notices in ..... Papers (Names of Newspapers) | | |
| Flowers, $ ..... Palms, $ ..... Matting, $ | | |
| Rental of Tent, $ ..... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ..... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ | | |
| Railroad or Steamer Tickets, $ ..... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ 19 | |
| Less | $ | |
| Balance | $ 19 | |
| Entered into Ledger, page ..... or below. | | |

...Funeral Charges ..... Total, $

By Cash $

Names of Lodges

Insurance Companies

...bove Funeral, and I hereby represent that I have sufficient resources Legally available to ...said sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from ...% per annum.

(Firm Name of Funeral Directors)

Signed.

Address.

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 41 ............ Date [illegible] ............ 19

Name of Deceased [illegible] (Single — Married — Divorced) (What Race) (Where Born)

Residence of Deceased [illegible] Husband—Wife—Widow [illegible]

Charge to [illegible]

Address [illegible]

Order given by [illegible] (or Informant)

How Secured ............

Occupation of Deceased ............

Name of Employer ............

Address ............

Date of Death ............ (Date) (Hour)

Date of Birth ............

Age ............ (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour)

Services at ............

Clergyman ............

His Address ............

Religion of the Deceased ............

Resided in the State ............ (or U. S. or City or Country) (Years) (Months)

Place of Death ............

Cause of Death ............

Contributory Causes ............

Certifying Physician ............ (or Coroner)

His Address ............

Name of Father ............

His Birthplace ............

Maiden Name of Mother ............

Her Birthplace ............

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible]

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory

Lot No. ............

Grave No. 397

Section No. [illegible]

Owner ............

Diagram of Lot or Vault

Complete Funeral ............ $ [illegible]

Casket ............

Metallic Lining ............ (State Kind)

Outside Box ............ (State Kind)

Burial Vault ............ (State Kind)

Embalming Body ...... with ...... Fluid

Barber, $ ...... Hair Dressing, $ ......

Dressing Body ............

Underwear, $ ...... Hose, $ ......

Suit or Dress, $ ...... (State Color) Slippers, $ ......

Folding Chairs, $ ...... Tarpaulin, $ ......

Candelabrum, $ ...... Candles, $ ......

Door Spray, $ ...... Gloves, $ ......

Funeral Car, $ ...... Ambulance, $ ......

Limousines to Cemetery ...... @ $ ......

Autos to R. R. Station ...... @ $ ......

Getting Remains from ............

Taking Remains to ............

Trip to Coroner's Inquest ............

Delivering Box to ............

Deliver Flowers to ............

Removal Charges ............

Procuring Burial Permit ............ (State Number and District)

Certif. Copies of Death Certificates No. ...... (State Physician's or Coroner's)

Pall Bearer Service, $ ...... Use of Chapel, $ ......

Personal Service ............

Outlay for Lot ............

Cremation ............

line Death Notices in ...... Papers ......

(Names of Newspapers)

Flowers, $ ...... Palms, $ ...... Matting, $ ......

Rental of Tent, $ ...... of Temporary Vault, $ ......

Opening of Grave or Tomb ............

Lining Grave, $ ...... Lowering Device, $ ......

Outlay for Shipping Charges ............

Clergyman, $ ...... Singers, $ ...... Organist, $ ......

Railroad or Motor } Tickets, $ ...... Aero-plane Service, $ ......

Telegr., Phone, Cable or Radio Charges ............

Cash Advanced ............

Out of town Undertaker's Charges ............

Sales Tax ............

Total Footing of Bill ............ $ [illegible]

Less ............ $

Balance ............ $ [illegible]

Entered into Ledger, page ...... or below.

To Funeral Charges .... Total, $ ...... By Cash ............ $

Insured $ ...... Names of Lodges ...... Insurance Companies ......

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue after maturity at the rate of 6% per annum.

Witness ............ Signed ............

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 43 ........ Date ........ 19..

Name of Deceased ........ (Single — Married — Divorced) ........ (What Race) ........ (Where Born)

Residence of Deceased ........ Husband—Wife—Widow

Charge to ........

Address ........

Order given by ........ (or Informant)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death ........ (Date) ........ (Hour)

Date of Birth ........

Age ........ (Years) (Months) (Days)

Date of Funeral ........ (Date) (Day of Week) (Hour) M

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (or U. S. or City or County) (Years) (Months)

Place of Death ........ Residence

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Remains to ........

Size and Style of Casket ........ (State Color)

Manufactured by ........

Interment at ........ (Cemetery / Crematory)

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

(Diagram of Lot or Vault)

| Item | $ |
|---|---|
| Complete Funeral | |
| Casket ........ | |
| Metallic Lining ........ | |
| Outside Box ........ (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body ........ with ........ (State Kind) Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body ........ | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ (State Color) Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from ........ | |
| Taking Remains to ........ | |
| Trip to Coroner's Inquest ........ | |
| Delivering Box to ........ | |
| Deliver Flowers to ........ | |
| Removal Charges ........ | |
| Procuring Burial Permit ........ (State Number and District) | |
| Certif. Copies of Death Certificates No. ........ (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service ........ | 15 |
| [illegible] | 4 |
| Outlay for Lot ........ | |
| Cremation ........ | |
| line Death Notices in ........ Papers (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb ........ | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges ........ | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor Tickets, $ ........ Aero-plane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced ........ | |
| Out of town Undertaker's Charges | |
| Sales Tax ........ | |
| Total Footing of Bill ........ | 19 |
| Less ........ | |
| Balance ........ | 19 |

Entered into Ledger, page ........ or below.

| To Funeral Charges ........ Total, $ | By Cash $ |
|---|---|
| | [illegible] |

Insurance $ ........ Name of Lodge ........ Insurance Company ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient properties Legally available to ........ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEDERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 30 ............ Date ............ 19..

Name of Deceased [illegible] (Single—Married—Divorced) ............ (What Race) ............ (Where Born)

Residence of Deceased [illegible] ............ Husband—Wife—Widow—of

Charge to [illegible]

Address [illegible]

Order given by [illegible] (or Informant)

How Secured

Occupation of Deceased

Name of Employer

Address

Date of Death [illegible] (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) @ (Hour)

Services at [illegible]

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother [illegible]

Her Birthplace

Motor / Ship } Remains to [illegible]

Size and Style of Casket (State Color)

Manufactured by

Interment at [illegible] (Cemetery / Crematory)

(Diagram of Lot or Tomb)

Lot No.

Grave No. [illegible]

Section No. [illegible]

Owner

| Item | $ |
|---|---|
| Complete Funeral | [illegible] |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body (State Kind) with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ (State Color) | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ... line Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | |
| Less | |
| Balance | [illegible] |
| Entered into Ledger, page ... or below. | |

To Funeral Charges ... Total, $ ............ By Cash, $

Insurance ............ Lodges ............ Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ...% per annum. (Firm Name of Funeral Director)

Witness ............ Signed

Address

Compiled by F. J. PRINDEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 51 Date Nov. 9th 19

...ed ... (Single—Married—Divorced) (What Race) (Where Born)

...eased 281 ... (Husband—Wife—Widow)

...eceased

...er

...Deceased

...tate (in U.S. or City or County) (Years) (Months)

...uses

...ean (or Coroner)

... of Mother

... of Cemetery

Grave No. 
Section No.

To Funeral Charges ... Total $

| | |
|---|---|
| Complete Funeral | $ 150 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ..... with ..... Fluid | |
| Barber, $ ..... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ..... Hose, $ | |
| Suit or Dress, $ ..... Slippers, $ | |
| Folding Chairs, $ ..... Tarpaulin, $ | |
| Candelabrum, $ ..... Candles, $ | |
| Door Spray, $ ..... Gloves, $ | |
| Funeral Car, $ ..... Ambulance, $ | |
| Limousines to Cemetery ..... @ $ | |
| Autos to R. R. Station ..... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificate No. | |
| Pall Bearer Service, $ ..... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| Death Notices in ..... Papers | 3 |
| Flowers, $ ..... Palms, $ ..... Matting, $ | |
| Rental of Tent, $ ..... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ..... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ | |
| Railroad Tickets, $ ..... Lodge Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | |
| Less | |
| Balance | |

Entered into Ledger, page ..... or below.

By Cash

Name of Ledger | Insurance Companies

... the above Funeral, and I hereby represent that I have sufficient resources legally available to ... (Both Payor of Funeral Directors) ... days from date. Interest to accrue from ... aforesaid sum, and I hereby covenant and agree to pay the same within ... of 6% per annum.

Signed

Address

Compiled by F. J. FREIDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 50 ....... Date.. [illegible] ........ 19..

Name of Deceased .. [illegible] .......... (Single—Married—Divorced) ........ [illegible] (What Race) ........ [illegible] (Where Born)

Residence of Deceased .. [illegible] .......... Husband—Wife—Widow—................ of

| | | |
|---|---|---|
| Charge to.. [illegible] | Complete Funeral | $ [illegible] |
| Address.. [illegible] | Casket | |
| Order given by.. [illegible] (Relationship) | Metallic Lining (State Kind) | |
| How Secured | Outside Box (State Kind) | |
| Occupation of Deceased | Burial Vault (State Kind) | |
| Name of Employer | Embalming Body.....with.........Fluid | |
| Address | Barber, $........Hair Dressing, $ | |
| Date of Death.. [illegible] (Hour) | Dressing Body | |
| Date of Birth | Underwear, $........Hose, $ | |
| Age (Years) (Months) (Days) | Suit or Dress, $........Slippers, $ (State Color) | |
| Date of Funeral [illegible] (Date) (Day of Week) (Hour) | Folding Chairs, $........Tarpaulin, $ | |
| Services at... [illegible] | Candelabrums, $........Candles, $ | |
| Clergyman | Door Spray, $........Gloves, $ | |
| His Address | Funeral Car, $........Ambulance, $ | |
| Religion of the Deceased | Limousines to Cemetery........@ $ | |
| Resided in the State (in U. S. or City or County) (Years) (Months) | Autos to R. R. Station........@ $ | |
| Place of Death [illegible] | Getting Remains from | |
| Cause of Death.. [illegible] | Taking Remains to | |
| Contributory Causes | Trip to Coroner's Inquest | |
| Certifying Physician [illegible] (or Coroner) | Delivering Box to | |
| His Address | Deliver Flowers to | |
| Name of Father | Removal Charges | |
| His Birthplace | Procuring Burial Permit (State Number and District) | |
| Maiden Name of Mother.. Mary | ....Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Her Birthplace | Pall Bearer Service, $ .... Use of Chapel, $ | |
| Motor / Ship } Remains to.. [illegible] | Personal Service | |
| Size and Style of Casket (State Color) | Outlay for Lot | |
| Manufactured by | Cremation | |
| Interment at [illegible] { Cemetery / Crematory | ....line Death Notices in......Papers (Names of Newspapers) | |
| Lot No. | Flowers, $......Palms, $......Matting, $ | |
| Grave No.. 296 | Rental of Tent, $....of Temporary Vault, $ | |
| Section No.. [illegible] | Opening of Grave or Tomb | |
| Owner | Lining Grave, $......Lowering Device, $ | |
| (Diagram of Lot or Vault) | Outlay for Shipping Charges | |
| | Clergyman, $....Singers, $....Organist, $ | |
| | Railroad or Motor } Tickets, $ .... Aeroplane Service, $ | |
| | Telegr., Phone, Cable or Radio Charges | |
| | Cash Advanced | |
| | Out of town Undertaker's Charges | |
| | Sales Tax | |
| | Total Footing of Bill | $ 45 |
| | Less | $ |
| | Balance | $ 45 |
| | Entered into Ledger, page......or below. | |

| To Funeral Charges....Total, $ | | By Cash | $ |
|---|---|---|---|

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within........ days from date. Interest to accrue at maturity at the rate of 6% per annum.

Signed

Witness ........ Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 51 ........ Date ... [illegible] ... 19[illegible]

Name of Deceased ... [illegible] Robinson ... (Single – Married – Divorced) ... Colored ... (What Race) ... (Where Born)

Residence of Deceased ... 281 [illegible] St. Orange ... Husband – Wife – Widow ... [illegible]

Charge to ... Mrs. [illegible] Robinson ... wife

Address ... 281 [illegible] St. Orange

Order given by ... wife

How Secured ... Contract ... (or Informant)

Occupation of Deceased ... [illegible]

Name of Employer ...

Address ...

Date of Death ... [illegible] (Date) (Hour)

Date of Birth ... May [illegible]

Age ... (Years) (Months) (Days)

Date of Funeral ... [illegible] (Date) (Day of Week) 2:30 (Hour)

Services at ... Residence

Clergyman ... Rev. [illegible]

His Address ... [illegible]

Religion of the Deceased ...

Resided in the State ... (or U. S. or City or County) (Years) (Months)

Place of Death ... Residence

Cause of Death ... [illegible]

Contributory Causes ...

Certifying Physician ... (or Coroner)

His Address ...

Name of Father ... [illegible] Robinson

His Birthplace ... [illegible]

Maiden Name of Mother ... [illegible]

Her Birthplace ... [illegible]

Motor / Ship } Remains to ... Bloomfield [illegible]

Size and Style of Casket ... [illegible] (State Color) ... [illegible] gray

Manufactured by ...

Interment at ... [illegible] { Cemetery / Crematory

Grave / Lot No. ... 1

Grave No. ... 22

Section No. ... 5

Row / Street ... 14

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 150 |
| Casket ... | |
| Metallic Lining ... | |
| Outside Box ... (State Kind) ... [illegible] | |
| Burial Vault ... (State Kind) | |
| Embalming Body ... with ... (State Kind) ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body ... | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ | |
| Folding Chairs, $ ... (State Color) ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from ... | |
| Taking Remains to ... | |
| Trip to Coroner's Inquest ... | |
| Delivering Box to ... | |
| Deliver Flowers to ... | |
| Removal Charges ... | |
| Procuring Burial Permit ... | |
| Certif. Copies of Death Certificates No. ... (State Number and Source) | |
| Pall Bearer Service, $ ... Use of Chapel, $ (State Physician's or Coroner's) | |
| Personal Service ... | |
| Outlay for Lot ... | 35 |
| Cremation ... | |
| Use Death Notices in ... 1 ... Papers | 3. |
| Flowers, $ ... Palms, $ ... Matting, $ (Name of Newspapers) | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb ... | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges ... | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges ... | |
| Cash Advanced ... | |
| Out of town Undertaker's Charges ... | |
| Sales Tax ... | |
| Total Footing of Bill ... | 208 |
| Less ... [illegible] | 5 |
| Balance ... | 203 |

Entered into Ledger, page ... or below.

| To Funeral Charges .... Total, $ | By Cash $ |
|---|---|
| | [illegible] |

Insurance $ ... Names of Lodges ... Insurance Companies ...

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ...

Witness ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 52 ............ Date June 9th 1938

Name of Deceased Mrs. Fannie Mason (Single—Married—Widowed) ........ Colored (What Race) ........ Ga. (Where Born)

Husband—Wife—Widow— ........

Residence of Deceased ........

Charge to Mrs. Lessie McClendon, mother

Address 918 N. 12th St. Phila. 2nd fl.

Order given by ........ (In Person)

How Secured family ........

Occupation of Deceased Housewife

Name of Employer ........

Address ........

Date of Death July 15th 1938 ........ (Date) (Hour)

Date of Birth Oct. 30th 1902

Age 35 (Years) 7 (Months) 16 (Days)

Date of Funeral 7-19-38 (Date) Tues. (Day of Week) 10:30 A.M. (Hour)

Services at Funeral Home

Clergyman Rev. Mathis

His Address Spruce St.

Religion of the Deceased Baptist

Resided in the State ........ or U. S. or City or County (Years) (Months)

Place of Death Phila. ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address Vincent ........

Name of Father ........ McClendon

His Birthplace Ga.

Maiden Name of Mother Lessie ........

Her Birthplace Ga.

Motor / Ship } Remains to ........

Size and Style of Casket ........ (State Color) ........

Manufactured by ........

Interment at Mt. Lawn { Cemetery / Crematory }

Lot No. ........
Grave No. ........
Section No. ........
Owner ........

Diagram of Lot or Vault

| Item | $ | |
|---|---|---|
| Complete Funeral | 58 | |
| Casket | | |
| Metallic Lining | | |
| Outside Box ........ (State Kind) | | |
| Burial Vault ........ (State Kind) | | |
| Embalming Body with ........ (State Kind) Fluid | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ 15 (State Color) ........ Slippers, $ | 15 | |
| Folding Chairs, $ ........ Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | 15 | |
| Limousines to Cemetery ........ @ $ | | |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| 1 Certif. Copies of Death Certificate No. (State Number and District) (Name Physician's or Coroner's) | 1 | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 25 | |
| Cremation | | |
| 1 Ins Death Notices in 1 Papers (Names of Newspapers) | 2 | |
| Flowers, $ 12 Palms, $ ........ Matting, $ | 12 | |
| Rental of Tent, $ ........ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ........ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Motor } Tickets, $ ........ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 128 | |
| Less ........ | | |
| Balance | 128 | |
| Entered into Ledger, page ........ or below. | | |

| To Funeral Charges ........ Total, $ | By Cash ........ $ |
|---|---|
| | |

Insurance $ ........ Name of Lodges ........ Name of Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. A. FRIEDMAN, St. Louis, Mo.

Total No. ........
Name of Deceased ........
Residence of Deceased ........
Charge to ........
Address ........
Order given by ........
How Secured ........
Occupation of Deceased ........
Name of Employer ........
Address ........
Date of Death ........
Date of Birth ........
Age ........
Date of Funeral ........
Services at ........
Clergyman ........
His Address ........
Religion of the Deceased ........
Resided in the State ........
Place of Death ........
Cause of Death ........
Contributory Causes ........
Certifying Physician ........
His Address ........
Name of Father ........
His Birthplace ........
Maiden Name of Mother ........
Her Birthplace ........
Remains to ........
Size and Style of Casket ........
Manufactured by ........
Interment at ........

Insurance $ ........
I hereby authorize the above ........
for the payment of ........ maturity at the rate ........
Witness ........

# RECORD OF FUNERAL

Yearly No. 33 Date [illegible] 19 31

...nsed [illegible] (Single — Married — Divorced) (What Race) (Where Born)

...ceased [illegible] Husband—Wife—Widow—

[illegible] (or Informant)

Deceased

...yer

(Date) (Hour)

(Year) (Month) (Days)

...l [illegible] (Date) (Day of Week) (Hour)

Deceased

State (or R. R. or City or Country) (Years) (Months)

Causes

...sician (or Coroner)

of Mother [illegible]

...s to [illegible]

of Casket [illegible] (State Color)

by [illegible]

[illegible] Cemetery / Crematory

Lot No.

Grave No. 364

Section No. 24

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | 127 | 50 |
| Casket | | |
| Metallic Lining | | |
| Outside Box [illegible] (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ (State Color) Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Date) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | 1 | |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 25 | |
| Cremation | | |
| ...line Death Notices in ... Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | 2 | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 176 | 50 |
| Less | | |
| Balance | 176 | 50 |

Entered into Ledger, page ... or below.

| To Funeral Charges .... Total $ | | | | By Cash | $ |
|---|---|---|---|---|---|
| | | | | | |

Names of Lodges

Insurance Companies

...the above Funeral, and I hereby represent that I have sufficient resources Legally available fo... (Firm Name of Funeral Director) ...of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from ...rate of 6% per annum.

Signed

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 52 Date Nov. 9th 193

Name of Deceased Mrs. Nannie Mason (Single - Married - Divorced) Colored (What Race) 12 (Where Born)

Husband—Wife—Widow— of

Residence of Deceased

Charge to Mrs. Susie McClendon mother

Address 918 N. 12th St. Phila. 2nd fl.

Order given by mother (Informant)

How Secured Family Undertaker

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death July 15th 1938 1:25 A.M. (Date) (Hour)

Date of Birth Oct. 20th 1909

Age 35 (Years) 7 (Months) 16 (Days)

Date of Funeral 7-19-38 Tues. 2:30 (Date) (Day of Week) (Hour)

Services at funeral home

Clergyman Rev. Milton

His Address Spruce St.

Religion of the Deceased Baptist

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Phila. City Hosp.

Cause of Death Pul. T. B.

Contributory Causes

Certifying Physician Hosp. staff (or Coroner)

His Address Vincent Romano

Name of Father Sam McClendon

His Birthplace S.C.

Maiden Name of Mother Susie Spencer

Her Birthplace S.C.

Motor / Shop } Remains to [illegible]

Size and Style of Casket [illegible] (State Color)

Manufactured by [illegible]

Interment at Mt. Lawn (Cemetery / Crematory)

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | Amount |
|---|---|
| Complete Funeral | $ 4.35 |
| Casket | |
| Metallic Lining | |
| Outside Box [illegible] (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ 16 (State Color) Slippers, $ | 16 |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ 16 Ambulance, $ | 16 |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Reshipping Charges | |
| Procuring Burial Permit (State Number and District) | |
| 2 Certif. Copies of Death Certificate No. | 1 |
| Pall Bearer Service, $ (State Physician's or Coroner's) Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 22 |
| Cremation | |
| 1 Ins Death Notices in 1 Papers (Names of Newspapers) | 2 |
| Flowers, $ 12 Palms, $ Matting, $ | 12 |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 485 |
| Less | $ |
| Balance | $ 485 |
| Entered into Ledger, page or below. | |

| To Funeral Charges . . Total, $ | By Cash $ |
|---|---|
| | |

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue maturity at the rate of 6% per annum.

Signed

Witness ........ Address

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 33 ............ Date ............ 19 38

Name of Deceased ............ (Single — Married — Divorced) ............ (What Race) ............ (Where Born)

Residence of Deceased 94 ............ Husband—Wife—Widow ............ of

Charge to ............

Address 94 ............

Order given by ............

How Secured ............

Occupation of Deceased ............

Name of Employer ............

Address ............

Date of Death ............ (Date) ............ (Hour)

Date of Birth ............

Age ............ (Years) ............ (Months) ............ (Days)

Date of Funeral 7-6 38 ............ (Date) (Day of Week) ............ (Hour)

Services at ............

Clergyman ............

His Address ............

Religion of the Deceased ............

Resided in the State ............ (or U. S. or City or County) ............ (Years) ............ (Months)

Place of Death ............

Cause of Death ............

Contributory Causes ............

Certifying Physician ............ (or Coroner)

His Address ............

Name of Father ............

His Birthplace ............

Maiden Name of Mother ............

Her Birthplace ............

Mail Remains to ............

Size and Style of Casket ............ (State Color)

............

Manufactured by ............

Interment at ............ { Cemetery / Crematory

Diagram of Lot or Vault

Lot No. ............

Grave No. 264

Section No. 24

Owner ............

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 177 | 35 |
| Casket ............ | | |
| Metallic Lining ............ | | |
| Outside Box ............ (Name Kind) | | |
| Burial Vault ............ (Name Kind) | | |
| Embalming Body ............ with ............ (Name Kind) Fluid | | |
| Barber, $ ............ Hair Dressing, $ | | |
| Dressing Body ............ | | |
| Underwear, $ ............ Hose, $ | | |
| Suit or Dress, $ ............ (State Color) Slippers, $ | | |
| Folding Chairs, $ ............ Tarpaulin, $ | | |
| Candelabrum, $ ............ Candles, $ | | |
| Door Spray, $ ............ Gloves, $ | | |
| Funeral Car, $ ............ Ambulance, $ | | |
| Limousines to Cemetery ............ @ $ | | |
| Autos to R. R. Station ............ @ $ | | |
| Getting Remains from ............ | | |
| Taking Remains to ............ | | |
| Trip to Coroner's Inquest ............ | | |
| Delivering Box to ............ | | |
| Deliver Flowers to ............ | | |
| Removal Charges ............ | | |
| Procuring Burial Permit ............ (State Number and Date) | | |
| Certif. Copies of Death Certificates No. ............ | 1 | |
| Pall Bearer Service, $ ............ (State Physician's or Coroner's) Use of Chapel, $ | | |
| Personal Service ............ | | |
| Outlay for Lot ............ | 25 | |
| Cremation ............ | | |
| ............ line Death Notices in ............ Papers | | |
| ............ (Names of Newspapers) | | |
| Flowers, $ ............ Palms, $ ............ Matting, $ | | |
| Rental of Tent, $ ............ of Temporary Vault, $ | | |
| Opening of Grave or Tomb ............ | | |
| Lining Grave, $ ............ Lowering Device, $ | | |
| Outlay for Shipping Charges ............ | | |
| Clergyman, $ ............ Singers, $ ............ Organist, $ | | |
| Railroad or Motor Tickets, $ ............ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges ............ | | |
| Cash Advanced ............ | | |
| Out of town Undertaker's Charges ............ | | |
| Sales Tax ............ | | |
| Total Footing of Bill | 177 | 35 |
| Less ............ | | |
| Balance ............ | 177 | 35 |

Entered into Ledger, page ............ or below.

| To Funeral Charges ............ Total, $ | | | By Cash | $ |
|---|---|---|---|---|
| | | | | |

Insurance $ ............ Name of Lodge ............ Insurance Company ............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ............ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ............ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ............

Witness ............ Address ............

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. ...... Date ........ 19..

Name of Deceased ........ (Single—Married—Divorced) ........ (What Name) (Where Born)

Widow—Wife—Widower of ........

Residence of Deceased ........

Charge to ........

Address ........

Order given by ........ (or Informant)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death ........ (Date) ........ (Hour)

Date of Birth ........

Age ........ Years ........ Months ........ Days

Date of Funeral ........ Date ........ Day of Week ........ Hour

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (in U.S. or City or County) (Years) (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Motor / Ship } Remains to ........

Size and Style of Casket ........ (State Color)

........

Manufactured by ........

Interment at ........ { Cemetery / Crematory

Lot No. ........

Grave No. 41

Section No. ........

Owner ........

Diagram of Lot or Tomb

| | |
|---|---|
| Complete Funeral | $ |
| Casket ........ | |
| Metallic Lining ........ (State Kind) | |
| Outside Box ........ (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body ........ with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body ........ | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ (State Color) Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from ........ | |
| Taking Remains to ........ | |
| Trip to Coroner's Inquest ........ | |
| Delivering Box to ........ | |
| Deliver Flowers to ........ | |
| Removal Charges ........ | |
| Procuring Burial Permit ........ (State Number and District) | |
| Certif. Copies of Death Certificates No. ........ (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot ........ | 20 |
| Cremation ........ | |
| ....line Death Notices in ........ Papers (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb ........ | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges ........ | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges ........ | |
| Cash Advanced ........ | |
| Out of town Undertaker's Charges ........ | |
| Sales Tax ........ | |
| Total Footing of Bill ........ | $ |
| Less ........ | $ |
| Balance | $ |
| Entered into Ledger, page ........ or below. | |

| To Funeral Charges ........ Total, $ | By Cash $ |
|---|---|
| | |

Insurance $ ........ Name of Company ........ Fraternal League ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available in ........

Signed ........

Witness ........ Address ........

# RECORD OF FUNERAL

Yearly No. ...... Date ...... 19..

...ased ...... (Single—Married—Divorced) ...... (What Race) (Where Born)

...eceased 132 ...... Husband—Wife—Widow—...... Harry ......

...... Harry ......

......

...... (or Husband)

......

...Deceased ......

...ayer ......

...... (Date) (Hour)

(Years) (Months) (Days)

...... (Date) (Day of Week) (Hour)

......

......

...Deceased ......

...State ...... (in U. S. or City or County) (Years) (Months)

......

......

...Causes ......

...sician ...... (or Coroner)

...f Mother ......

...s to ......

...f Casket ...... (State Color)

......

...by ......

...... Cemetery / Crematory

Lot No. ......

Grave No. ......

Section No. ......

Owner ......

| | | |
|---|---|---|
| Complete Funeral | $ | 250 |
| Casket | | |
| Metallic Lining | | |
| Outside Box ...... (State Kind) | | |
| Burial Vault ...... (State Kind) | | |
| Embalming Body ...... with ...... Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ...... Hose, $ | | |
| Suit or Dress, $ ...... Slippers, $ (State Color) | | |
| Folding Chairs, $ ...... Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Spray, $ ...... Gloves, $ | | |
| Funeral Car, $ ...... Ambulance, $ | | |
| Limousines to Cemetery ...... @ $ | | |
| Autos to R. R. Station ...... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| 2 Certif. Copies of Death Certificate No. ...... (State Physician's or Coroner's) | 1 | 00 |
| Pall Bearer Service, $ ...... Use of Chapel, $ | | |
| Personal Service | | |
| ...... | 3 | |
| Outlay for Lot | 25 | |
| Cremation | | |
| ...line Death Notices in ...... Papers (Names of Newspapers) | 2 | 00 |
| Flowers, $ ...... Palms, $ ...... Matting, $ | | |
| Rental of Tent, $ ...... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ...... Lowering Device, $ | 7 | 00 |
| Outlay for Shipping Charges | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | |
| Railroad or Motor Tickets, $ ...... Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | 287 |
| Less | $ | |
| Balance | $ | 287 |
| Entered into Ledger, page ...... or below. | | |

To Funeral Charges ...... Total, $ ......

By Cash $

Names of Lodges ...... Insurance Companies ......

...the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Write Name of Funeral Director.)

...f aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from ...te of 6% per annum.

Signed ......

Address ......

Compiled by F. J. FENEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. ...... Date .......... 19

Name of Deceased ............ (Single—Married—Divorced) ............ (What Race) (Where Born)

Residence of Deceased ............ Husband—Wife—Widow of ............

Charge to ............

Address ............

Order given by ............

How Secured

Occupation of Deceased

Name of Employer

Address

Date of Death ............ (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral ............ (Day of Week) (Hour)

Services at ............

Clergyman ............

His Address

Religion of the Deceased

Resided in the State ............ in U. S. or City or County (Years) (Months)

Place of Death ............

Cause of Death ............

Contributory Causes

Certifying Physician ............ (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to ............

Size and Style of Casket ............ (Give Color)

Manufactured by ............

Interment at ............ { Cemetery / Crematory

Lot No. ............

Grave No. ............

Section No. ............

Owner ............

Diagram of Lot or Tomb

| Item | Amount |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining ... (State Kind) | |
| Outside Box ... (State Kind) | |
| Burial Vault ... (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... (State Color) Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| Ins Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 125 |
| Less | $ |
| Balance | $ 125 |
| Entered into Ledger, page ... or below. | |

| To Funeral Charges ... Total, $ | | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance $ ............ Names of Lodges ............ Insurance Companies ............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ............ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ............ days from date. Interest to accrue at maturity at the rate of ...% per annum.

Signed ............

Witness ............ Address ............

Compiled by F. A. FEHSEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. [illegible] Date [illegible] 19[illegible]

Name of Deceased [illegible] (Single—Married—Divorced) [illegible] (What Race) (Whose Body)

Residence of Deceased 132 [illegible] (Husband—Wife—Widow—of) [illegible]

Charge to [illegible]

Address 132 [illegible]

Order given by Husband (or informant)

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer

Address

Date of Death [illegible] 1931 (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour)

Services at [illegible]

Clergyman [illegible]

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Shipped Remains to [illegible]

Size and Style of Casket [illegible] (State Color)

[illegible]

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory }

[illegible] (Diagram of Lot or Vault)

Lot No.

Grave No. 409

Section No. 23

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | 230 | |
| Casket | | |
| Metallic Lining | | |
| Outside Box [illegible] (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ..... with (State Kind) Fluid | | |
| Barber, $ ..... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ..... Hose, $ | | |
| Suit or Dress, $ ..... Slippers, $ | | |
| Folding Chairs, $ ..... (State Color) Tarpaulin, $ | | |
| Candelabrum, $ ..... Candles, $ | | |
| Door Spray, $ ..... Gloves, $ | | |
| Funeral Car, $ ..... Ambulance, $ | | |
| Limousines to Cemetery ..... @ $ | | |
| Autos to R. R. Station ..... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| 2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | 1 | 00 |
| Pall Bearer Service, $ ..... Use of Chapel, $ | | |
| Personal Service [illegible] | | |
| Outlay for Lot | [illegible] | |
| Cremation | | |
| Death Notices in 1 Papers (Names of Newspapers) | 2 | 00 |
| Flowers, $ ..... Palms, $ ..... Matting, $ | | |
| Rental of Tent, $ ..... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ..... Lowering Device, $ | 7 | 00 |
| Outlay for Shipping Charges | | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ | | |
| Railroad or Motor Tickets, $ ..... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 287 | |
| Less | | |
| Balance | 287 | |

Entered into Ledger, page ..... or below.

To Funeral Charges ..... Total, $

By Cash $ [illegible]

Insurance $ ..... Names of Lodges ..... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to [illegible] for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of 6% per annum.

(Print Name of Funeral Director)

Signed

Witness ..... Address

Compiled by F. J. FRIEDMANN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. .................. Yearly No. 26 ........ Date [illegible] ........ 19 [illegible]

Name of Deceased [illegible] (Single—Married—Divorced) [illegible] (What Race) [illegible] (Where Born)

Husband—Wife—Widow— or of

Residence of Deceased

Charge to

Address

Order given by (or informant)

How Secured

Occupation of Deceased [illegible]

Name of Employer

Address

Date of Death [illegible] (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral [illegible] (Date) [illegible] (Day of Week) @ [illegible] (Time) M

Services at [illegible]

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] (State Color)

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ |
|---|---|
| Complete Funeral | 67 |
| Casket | |
| Metallic Lining | |
| Outside Box [illegible] (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ Slippers, $ (State Color) | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and Date) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| Death Notices in Papers (Names of Newspapers) | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 92 |
| Less | |
| Balance | 92 |
| Entered into Ledger, page or below. | |

To Funeral Charges....Total, $ | By Cash $

Paid

Insurance $ Names of Lodges

I hereby authorize the above Funeral, and I hereby represent that I have sufficient means Legally available or for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest accrues from maturity at the rate of 6% per annum.

(Print Name of Insurance Cos. above)

Signed

Witness Address

Compiled by F. J. FREIMANN, St. Louis, Mo.

Total No.

Name of Deceased

Residence of Deceased

Charge to

Address

Order given by

How Secured

Occupation of Deceased

Name of Employer

Address

Date of Death

Date of Birth

Age

Date of Funeral

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State

Place of Death

Cause of Death

Contributory Causes

Certifying Physician

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Remains to

Size and Style of Casket

Manufactured by

Interment at

# RECORD OF FUNERAL

Yearly No. 157 Date Mar. 9th 1938

...ned Miss Eliza Hamilton (Single—Married—Divorced) Colored (What Race) (Place Born)

...eceased (Husband—Wife—Widow—of)

...e Katherine Taylor, ...
... Maple Ave. Hamilton
... Sister (or Agent)

...ependent

...yer

... March 7th 1938 ... (Hour)

Years (Months) (Days)

... March 9 1938 Wed. ... M. (Date) (Day of Week) (Hour)

... Funeral Home

Deceased

State (In U.S. or City or County) (Years) (Months)

... Hope Cedar Grove

... pneumonia

...esses

...cian (or Coroner)

... of Mother

... to ... N.Y.

... Casket octagon ... (State Color)

... ... gray

... W. J. C. Co.

... Rosedale

| | |
|---|---|
| Complete Funeral | $ 150 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ | |
| Folding Chairs, $ ... (State Color) Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| ... Certf. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| Ins. Death Notices in ... Papers (Name of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | |
| Telegs., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 175 |
| Less | $ |
| Balance | $ 175 |
| Entered into Ledger, page ... or below. | |

Cemetery / Crematory

Lot No.

Grave No. 402

Section No. 24

Owner

To Funeral Charges .... Total, $ | By Cash $

Names of Lodges | Insurance Companies

...the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Director)
...foresaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from ... of 6% per annum.

Signed

Address

Compiled by F. J. FEIZEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ..................  Yearly No. 26  Date ........ 19..

Name of Deceased ............ (Single—Married—Divorced) ............ (What Born) (When Born)

Husband—Wife—Widow— ... of ...

Residence of Deceased

Charge to

Address

Order given by ... or otherwise

How Secured

Occupation of Deceased

Name of Employer

Address

Date of Death ........ (Date) (Hour)

Date of Birth

Age ........ (Years) (Months) (Days)

Date of Funeral ........ (Day) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State ........ or U.S. or City or County (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket ........ (State Color)

Manufactured by

Interment at ........ { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | Amount |
|---|---|
| Complete Funeral | $ 67 |
| Casket | |
| Metallic Lining | |
| Outside Box (State kind) | |
| Burial Vault (State kind) | |
| Embalming Body ..... with ..... Fluid | |
| Barber, $ ..... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ..... Hose, $ | |
| Suit or Dress, $ ..... (State Color) Slippers, $ | |
| Folding Chairs, $ ..... Tarpaulin, $ | |
| Candelabrum, $ ..... Candles, $ | |
| Door Spray, $ ..... Gloves, $ | |
| Funeral Car, $ ..... Ambulance, $ | |
| Limousines to Cemetery ..... @ $ | |
| Autos to R. R. Station ..... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (Office Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ..... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| ..... Death Notices in ..... Papers (Names of Newspapers) | |
| Flowers, $ ..... Palms, $ ..... Matting, $ | |
| Rental of Tent, $ ..... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ..... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ | |
| Railroad or Motor } Tickets, $ ..... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 92 |
| Less | $ |
| Balance | $ 92 |
| Entered into Ledger, page ..... or below. | |

To Funeral Charges ..... Total, $ ..........   By Cash ..... $

Paid

Insurance $ ..........  Names of Lodges ..........  Insurance Companies ..........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ..........  Address

Compiled by F. J. PENNIMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 57 .... Date Mar. 25 .... 19 31

Name of Deceased Miss Eliza Hamilton (Single — Married — Divorced) Colored (What Race) (Where Born)

Residence of Deceased ............ Husband—Wife—Widow

Charge to Mrs. Katharine Hazleton niece

Address 148 Maple Ave. Montclair

Order given by niece

How Secured ............

Occupation of Deceased ............

Name of Employer ............

Address ............

Date of Death Mar 24th 1931 ... 6.30 P.M. (Date) (Hour)

Date of Birth ............

Age (Years) (Months) (Days)

Date of Funeral Mar 28th 1931 Wed. (Date) (Day of Week) (Hour) M.

Services at Funeral Home

Clergyman ............

His Address ............

Religion of the Deceased ............

Resided in the State (In U.S. or City or County) (Town) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes ............

Certifying Physician ............ (or Coroner)

His Address ............

Name of Father ............

His Birthplace ............

Maiden Name of Mother ............

Her Birthplace ............

Remains to [illegible] N.J.

Size and Style of Casket [illegible]

Manufactured by [illegible]

Interment at [illegible] (Cemetery / Crematory)

Lot No. ............

Grave No. 402

Section No. 24

Owner ............

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 120 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with .... Fluid | |
| Barber, $ .... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ .... Hose, $ | |
| Suit or Dress, $ .... Slippers, $ | |
| Folding Chairs, $ .... Tarpaulin, $ | |
| Candelabrum, $ .... Candles, $ | |
| Door Spray, $ .... Gloves, $ | |
| Funeral Car, $ .... Ambulance, $ | |
| Limousines to Cemetery .... @ $ | |
| Autos to R. R. Station .... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificates No. (State Number and Charges) | |
| Pall Bearer Service, $ .... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 20 |
| Cremation | |
| ....line Death Notices in .... Papers (Names of Newspapers) | |
| Flowers, $ .... Palms, $ .... Matting, $ | |
| Rental of Tent, $ .... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ .... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ .... Singers, $ .... Organist, $ | |
| Railroad or Motor Tickets, $ .... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 175 |
| Less | |
| Balance | 175 |

Entered into Ledger, page .... or below.

| To Funeral Charges | Total, $ | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance $ .... Name of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ............ days from date. Interest to accrue from maturity at the rate of 6% per annum. (Firm Name of Funeral Directors)

Signed

Witness .... Address

# RECORD OF FUNERAL

Total No. ............ Yearly No. 58

Date [illegible] 19 3[illegible]

Name of Deceased [illegible] (Single—Married—Divorced) [illegible] (What Race) [illegible] (Where Born)

Husband—Wife—Widow—Widower [illegible]

Residence of Deceased [illegible] Montgomery St.

Charge to ............

Address ............

Order given by ............

How Secured ............ (Relationship)

Occupation of Deceased [illegible]

Name of Employer ............

Address ............

Date of Death [illegible] 1932 (Date) (Hour)

Date of Birth [illegible]

Age [illegible] (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) [illegible] (Hour)

Services at [illegible]

Clergyman ............

His Address ............

Religion of the Deceased [illegible]

Resided in the State ............ (or U.S. if City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes [illegible]

Certifying Physician [illegible] (or Coroner)

His Address ............

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] (State Color) [illegible]

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory

Diagram of Lot or Vault: [illegible]

Lot No. ............

Grave No. 99

Section No. 24

Owner ............

| Item | | $ |
|---|---|---|
| Complete Funeral | | 150 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with ........ Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ...... Hose, $ | | |
| Suit or Dress, $ (State Color) ...... Slippers, $ | | |
| Folding Chairs, $ ...... Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Spray, $ ...... Gloves, $ | | |
| Funeral Car, $ ...... Ambulance, $ | | |
| Limousines to Cemetery ...... @ $ | | |
| Autos to R. R. Station ...... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | 20 |
| Cremation | | |
| ...line Death Notices in ...... Papers (Names of Newspapers) | | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | | |
| Rental of Tent, $ ...... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ...... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | |
| Railroad or Motor } Tickets, $ ...... Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | | 170 |
| Less | | |
| Balance | | 150 |

Entered into Ledger, page 60 or below.

To Funeral Charges Total, $ ............ By Cash $ ............

[illegible]

Insurance $ ............ Name of Lodge ............ Name of Company ............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ............ (First Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Witness ............ Signed ............

# RECORD OF FUNERAL

Yearly No. 59 Date Dec. 9th 1938

...sed Mrs. Laura De Vinne Colwell

...ceased 154 Summer St

... Robert De Vinne

...4 Summer St.

Deceased

...ing 1938

8-11-38 Mon. 1 P. M.

Funeral Home

Rev. Meachem

140 Barclay St.

Deceased

State

Christian

All parent

... of Mother

to Elizabeth M...

of Casket octagonal half ... gray ... silver grey ...

... C. Co.

Evergreen Cemetery

Lot No. 22

Grave No. 20

Section No. 3

Owner

| Item | Amount |
|---|---|
| Complete Funeral | 210 |
| Casket | |
| Metallic Lining | |
| Outside Box pine painted | |
| Burial Vault | |
| Embalming Body with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ 1 ... Ambulance, $ | 10 |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificate No. | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 50 |
| Cremation | |
| ...line Death Notices in ... Papers | 3 |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ 2 | 2 |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $275 |
| Less | |
| Balance | $275 |

Entered into Ledger, page ... or below.

To Funeral Charges .... Total, $ ....  By Cash $

Names of Lodges .... Insurance Companies ....

...he above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Director) ...aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from ... of 6% per annum.

Signed ....

Address ....

# RECORD OF FUNERAL

Total No. ........ Yearly No. 38 ........ Date ........ 19..

Name of Deceased ........ (Single — Married — Divorced) ........ (What State) ........ (Where Born)

Residence of Deceased ........ Husband—Wife—Widow ........ of ........

| | |
|---|---|
| Charge to | Complete Funeral |
| Address | Casket |
| Order given by | Metallic Lining ........ (State Kind) |
| How Secured | Outside Box ........ (State Kind) |
| Occupation of Deceased | Burial Vault ........ (State Kind) |
| Name of Employer | Embalming Body ........ with ........ Fluid |
| Address | Barber, $ ........ Hair Dressing, $ ........ |
| Date of Death ........ (Date) ........ (Hour) | Dressing Body |
| Date of Birth | Underwear, $ ........ Hose, $ |
| Age ........ (Years) ........ (Months) ........ (Days) | Suit or Dress, $ ........ (State Color) Slippers, $ |
| Date of Funeral ........ (Date) ........ (Day of Week) ........ (Hour) | Folding Chairs, $ ........ Tarpaulin, $ |
| Services at | Candelabrum, $ ........ Candles, $ |
| Clergyman | Door Spray, $ ........ Gloves, $ |
| His Address | Funeral Car, $ ........ Ambulance, $ |
| Religion of the Deceased | Limousines to Cemetery ........ @ $ |
| Resided in the State ........ (or U. S. or City or County) (Years) (Months) | Autos to R. R. Station ........ @ $ |
| Place of Death | Getting Remains from |
| Cause of Death | Taking Remains to |
| Contributory Causes | Trip to Coroner's Inquest |
| Certifying Physician | Delivering Box to |
| His Address | Deliver Flowers to |
| Name of Father | Removal Charges |
| His Birthplace | Procuring Burial Permit ........ (Permit Number and Date) |
| Maiden Name of Mother | Certif. Copies of Death Certificates No. ........ (State Physician's or Coroner's) |
| Her Birthplace | Pall Bearer Service, $ ........ Use of Chapel, $ |
| Mother / Ship } Remains to | Personal Service |
| Size and Style of Casket ........ (State Color) | Outlay for Lot ........ 20 |
| | Cremation |
| Manufactured by | Line Death Notices in ........ Papers ........ (Name of Newspapers) |
| Interment at ........ { Cemetery / Crematory | Flowers, $ ........ Palms, $ ........ Matting, $ |
| | Rental of Tent, $ ........ of Temporary Vault, $ |
| | Opening of Grave or Tomb |
| | Lining Grave, $ ........ Lowering Device, $ |
| | Outlay for Shipping Charges |
| | Clergyman, $ ........ Singers, $ ........ Organist, $ |
| | Railroad / or Motor } Tickets, $ ........ Aeroplane Service, $ |
| | Telegr., Phone, Cable or Radio Charges |
| | Cash Advanced |
| | Out of town Undertaker's Charges |
| | Sales Tax |
| Lot No. | |
| Grave No. 99 | Total Footing of Bill $ 180 |
| Section No. 21 | Less $ |
| Diagram of Lot or Vault | Balance $ 180 |
| Owner | Entered into Ledger, page 6 or below. |

To Funeral Charges ... Total, $ ........ By Cash $ ........

Deceased ........ Name of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ........ (Firm Name of Funeral Director)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue ........ maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 39 Date Dec. 9th 1938

Name of Deceased Mrs. Laura De Vinnie (Single—Married—Divorced) Colored (What Race) (Where Born)

Residence of Deceased 154 Sommerset St. Husband—Wife—Widow

Charge to Mr. Robert De Vinnie

Address 154 Sommerset St.

Order given by ........ (or informant)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death Aug. 1938 (Date) (Hour)

Date of Birth ........

Age ........ (Years) (Months) (Days)

Date of Funeral 8-11-38 Thurs. 1 P. M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Rev. Washam

His Address 140 Barclay St. 1st

Religion of the Deceased ........

Resided in the State ........ (in U.S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death ... poison

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Motor / Ship } Remains to Elizabeth N.J.

Size and Style of Casket octagon and half couch steel gray ... (State Cost)

Manufactured by ... Mfg. Co.

Interment at Evergreen Cemetery

Row / Lot No. 21

Grave No. 20

Section No. 3

Owner ........

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 215 |
| Casket ........ | |
| Metallic Lining ........ | |
| Outside Box plain, painted (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body ........ | |
| Underwear, $ ........ Hose, $ ........ | |
| Suit or Dress, $ ........ Slippers, $ ........ (State Color) | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ ........ | |
| Door Spray, $ ........ Gloves, $ ........ | |
| Funeral Car, $ 1 ... Ambulance, $ | 10 |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from ........ | |
| Taking Remains to ........ | |
| Trip to Coroner's Inquest | |
| Delivering Box to ........ | |
| Deliver Flowers to ........ | |
| Removal Charges ........ | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service ........ | |
| Outlay for Lot ........ | 50 |
| Cremation ........ | |
| ... Death Notices in 1 Papers (Name of Newspaper) | 3 |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ........ Lowering Device, $ 2 | 2 |
| Outlay for Shipping Charges ........ | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges ........ | |
| Cash Advanced ........ | |
| Out of town Undertaker's Charges | |
| Sales Tax ........ | |
| Total Footing of Bill | 275 |
| Less ........ | |
| Balance | 275 |

Entered into Ledger, page ........ or below.

| To Funeral Charges ... Total, $ | | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance $ ........ Name of Lodge ........ Insurance Company ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ........ (Print Name of Estate, Deceased) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FREDERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 61 Date ........ 193[illegible]

Name of Deceased [illegible] (Single — Married — Divorced) Husband—Wife—Widow [illegible] (What Race) (Where Born)

Residence of Deceased [illegible]

Charge to [illegible]

Address [illegible]

Order given by. (or whomever)

How Secured

Occupation of Deceased

Name of Employer

Address

Date of Death (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour)

Services at [illegible]

Clergyman [illegible]

His Address

Religion of the Deceased [illegible]

Resided in the State (or U. S.) (In City or County) Years Months

Place of Death

Cause of Death [illegible]

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Body } Remains to [illegible]

Size and Style of Casket [illegible] (State Color) [illegible]

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 170 |
| Casket | |
| Metallic Lining | |
| Outside Box [illegible] (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ Slippers, $ | |
| Folding Chairs, $ (State Color) Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificates No. (State Number and Date by) (State Physician's or Coroner's) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ..line Death Notices in .. Papers | |
| Flowers, $ (Name of Newspapers) Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb [illegible] | 25 |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | [illegible] |
| Less | |
| Balance | [illegible] |
| Entered into Ledger, page ...... or below. | |

To Funeral Charges . Total, $ By Cash. $

Insurance $ Names of Lodges

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum. (First Name of Funeral Director)

Signed

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 81     Date Aug. 21 19 38

...ed "Miss" Mary [illegible] (Single—Married)   [illegible] (First Name)

...eceased 313 [illegible] (Husband—Wife—Widow) of George Klaum [illegible] (Place Born)

... George [illegible]

... [illegible] St. [illegible]

Husband (Relationship)

...eceased

...er

... Aug. 18 1938 (Date) (Hour)

(Years) (Months) (Days)

8-22-38 Fri 1 PM (Date) (Day of Week) (Hour)

Funeral Home

Rev. [illegible]

...Deceased

...State (of U. S. or City or County) (Years) (Months)

Orange [illegible]

[illegible]

...auses

...ician (or Coroner)

...of Mother

...s to [illegible] N. J.

...of Casket [illegible] (Cloth Color)

...

...by [illegible]

Rosedale (Cemetery / Crematory)

Lot No.

Grave No. 77

Section No. 24

Owner

| | $ | |
|---|---|---|
| Complete Funeral | 100 | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box [illegible] (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ (State Color) Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 25 | |
| Cremation | | |
| line Death Notices in Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 125 | |
| Less | | |
| Balance | 125 | |
| Entered into Ledger, page or below. | | |

To Personal Charges ... Total $     By Cash $

Name of Lodges     Insurance Companies

...the above Funeral, and I hereby represent that I have sufficient resources legally available (Print Name of Funeral Director) ...days from date. Interest to accrue from ...of Funeral size, and I hereby covenant and agree to pay the same within ...rate of 6% per annum

Signed

Compiled by P. J. Fiderman, N. York, Pa.

# RECORD OF FUNERAL

Total No. ..............  Yearly No. 61  Date ..............19

Name of Deceased .............. (Single—Married—Divorced) .............. (What Race) .............. (Where Born)

Residence of Deceased ..............  Husband—Wife—Widow of ..............

Charge to ..............

Address ..............

Order given by .............. (Relationship)

How Secured ..............

Occupation of Deceased ..............

Name of Employer ..............

Address ..............

Date of Death .............. (Date) (Hour)

Date of Birth ..............

Age .............. (Years) (Months) (Days)

Date of Funeral .............. (Date) (Day of Week) (Hour)

Services at ..............

Clergyman ..............

His Address ..............

Religion of the Deceased ..............

Resided in the State .............. (or U. S. or City or County) (Years) (Months)

Place of Death ..............

Cause of Death ..............

Contributory Causes ..............

Certifying Physician .............. (or Coroner)

His Address ..............

Name of Father ..............

His Birthplace ..............

Maiden Name of Mother ..............

Her Birthplace ..............

Motor / Ferry } Remains to ..............

Size and Style of Casket .............. (Name Color)

Manufactured by ..............

Interment at .............. { Cemetery / Crematory

Lot No. ..............

Grave No. ..............

Section No. ..............

Owner ..............

Diagram of Lot & Vault

| Item | Amount |
|---|---|
| Complete Funeral | $ 170 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body .... with (State Kind) Fluid | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit of Dress, $ ...... Slippers, $ | |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousines to Cemetery .... @ $ | |
| Autos to R. R. Station .... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| ...Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ .... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ... Death Notices in ...... Papers (Names of Newspapers) | |
| Flowers, $ .... Palms, $ .... Matting, $ | |
| Rental of Tent, $ .... of Temporary Vault, $ | |
| Opening of Grave ~~or Tomb~~ | 28 |
| Lining Grave, $ .... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ .... Singers, $ .... Organist, $ | |
| Railroad or Motor } Tickets, $ .... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 198 |
| Less | $ |
| Balance | $ 198 |

Entered into Ledger, page ...... or below.

| To Funeral Charges .... Total, $ | | By Cash .... $ |
|---|---|---|

Insurance $ ..............  Names of Lodges ..............  Insurance Companies ..............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue after maturity at the rate of 6% per annum.

Signed ..............

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 61 ........ Date 8-10-32 ........ 19....

Name of Deceased [illegible] (Single—Married—Divorced) ........ (What Born) ........ (Where Born)

Husband—Wife—Widow—Widower ........ [illegible]

Residence of Deceased 3131 [illegible] St.

Charge to [illegible]

Address [illegible] St.

Order given by Husband (or whomever)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death Aug. 1932 (Date) (Hour)

Date of Birth ........

Age ........ (Years) (Months) (Days)

Date of Funeral 8-12 32 (Date) Fri. (Day of Week) 2 P.M. (Hour)

Services at Funeral Home

Clergyman Rev. [illegible]

His Address ........

Religion of the Deceased ........

Resided in the State ........ (or U.S. or City or Country) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] (Trade Color) [illegible]

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory }

Lot No. ........

Grave No. 385

Section No. 24

Owner ........

Diagram of Lot or Tomb

| Complete Funeral | | $ 100 |
|---|---|---|
| Casket | | |
| Metallic Lining ........ | | |
| Outside Box [illegible] (State Kind) | | |
| Burial Vault ........ (State Kind) | | |
| Embalming Body ........ with ........ Fluid (State Kind) | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body ........ | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ ........ Slippers, $ (State Color) | | |
| Folding Chairs, $ ........ Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery ........ @ $ | | |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from | | |
| Taking Remains to ........ | | |
| Trip to Coroner's Inquest ........ | | |
| Delivering Box to ........ | | |
| Deliver Flowers to ........ | | |
| Removal Charges ........ | | |
| Procuring Burial Permit ........ (State Number and District) | | |
| ___ Certif. Copies of Death Certificate No. ........ (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | 25 |
| Cremation ........ | | |
| ___ Death Notices in ........ Papers (Names of Newspapers) | | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | | |
| Rental of Tent, $ ........ of Temporary Vault, $ | | |
| Opening of Grave or Tomb ........ | | |
| Lining Grave, $ ........ Lowering Device, $ | | |
| Outlay for Shipping Charges ........ | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Motor } Tickets, $ ........ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges ........ | | |
| Cash Advanced ........ | | |
| Out of town Undertaker's Charges ........ | | |
| Sales Tax ........ | | |
| Total Footing of Bill | | $ 125 |
| Less ........ | | |
| Balance ........ | | $ 125 |
| Entered into Ledger, page ........ or below. | | |

| To Funeral Charges | Total, $ | By Cash |
|---|---|---|
| | | |

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Directors) ........ days from date. Interest to accrue from for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 62 Date Dec. 5th 1938

Name of Deceased Lou Thelia Ward (Single — Married — Divorced) Friend (What Race) Winston, N.C. (Where Born)

Residence of Deceased 21 Church St., Apt. 5 Husband—Wife—Widower of Lucius Ward

Charge to Lucius Ward, husband

Address 21 ... St. ... Apt. 5

Order given by [illegible]

How Secured

Occupation of Deceased [illegible]

Name of Employer

Address

Date of Death Aug. 27th 1938 (Date) (Hour)

Date of Birth May 2nd 1891

Age 37 (Years) (Months) 7 (Days)

Date of Funeral (Date) (Day of Week) (Hour) P.M.

Services at Funeral Parlor

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or Country) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father [illegible] Woodward

His Birthplace N.C.

Maiden Name of Mother [illegible]

Her Birthplace N.C.

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] (State Color) [illegible]

Manufactured by [illegible]

Interment at [illegible] { Cemetery, Crematory

Diagram of Lot or Land

Lot No.

Grave No. [illegible]

Section No.

Owner

| Item | $ |
|---|---|
| Complete Funeral | 225 |
| Casket | |
| Metallic Lining | |
| Outside Box [illegible] (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ Slippers, $ | |
| Folding Chairs, $ (State Goods) Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and Details) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | 50 |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 35 |
| Cremation | |
| line Death Notices in Papers (Names of Newspapers) | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 293 50 |
| Less | |
| Balance | 293 50 |

Entered into Ledger, page .... or below.

To Funeral Charges.... Total, $ | By Cash $

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness Address

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. [illegible] Date [illegible] 19[illegible]

...ased [illegible] (Single – Married – Divorced) (What Race) (Where Born)

...ceased [illegible] Husband – Wife – Widow – [illegible]

Deceased [illegible]

Deceased [illegible]

Date [illegible] City of Week [illegible] Funeral Home

Deceased [illegible]

State (or U.S. or City or County) (Years) (Months)

Sudden death [illegible]

(or Coroner) [illegible] Chief Med. Ex.

...f Mother [illegible]

...to ...

...f Casket [illegible] (State Color)

Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

| | $ | |
|---|---|---|
| Complete Funeral | 137 | 50 |
| Casket | | |
| Metallic Lining | | |
| Outside Box [illegible] (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ Slippers, $ | | |
| Folding Chairs, $ (State Color) Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| line Death Notices in Papers | | |
| Flowers, $ (Names of Newspapers) Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Steamer Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 137 | 50 |
| Less | | |
| Balance | 137 | 50 |
| Entered into Ledger, page or below. | | |

To Funeral Charges ... Total, $ ... By Cash ...

Names of Lodges ... Insurance Companies ...

...the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from ... of 6% per annum.

Signed

Address

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 63 Date Dec. 9th

Name of Deceased Mrs. Mattie Ward (Single—Married—Divorced) Colored (What Race) Missouri (Where Born)

Residence of Deceased 21 [illegible] St., 3rd fl. apt. 5 (Husband—Wife—Widower—or) [illegible] Ward

| | |
|---|---|
| Charge to [illegible] Ward, husband | Complete Funeral $ 220 |
| Address [illegible] | Casket |
| Order given by husband | Metallic Lining .... |
| How Secured | Outside Box [illegible] (State Kind) |
| Occupation of Deceased [illegible] | Burial Vault ......... (State Kind) |
| Name of Employer | Embalming Body ..... with ..... Fluid |
| Address | Barber, $ ..... Hair Dressing, $ |
| Date of Death [illegible] 1938 (Date) (Hour) | Dressing Body |
| Date of Birth May [illegible] 1901 | Underwear, $ ..... Hose, $ |
| Age 37 (Years) 7 (Months) 7 (Days) | Suit or Dress, $ ..... Slippers, $ (State Color) |
| Date of Funeral 12-13-38 (Date) Mon. (Day of Week) 2 P.M. (Hour) | Folding Chairs, $ ..... Tarpaulin, $ |
| Services at Funeral Home | Candelabrum, $ ..... Candles, $ |
| Clergyman | Door Spray, $ ..... Gloves, $ |
| His Address | Funeral Car, $ ..... Ambulance, $ 15 |
| Religion of the Deceased | Limousines to Cemetery ..... @ $ |
| Resided in the State (in U.S. or City or Country) (Years) (Months) | Autos to R. R. Station ..... @ $ |
| Place of Death [illegible] | Getting Remains from |
| Cause of Death [illegible] | Taking Remains to |
| Contributory Causes | Trip to Coroner's Inquest |
| Certifying Physician [illegible] (or Coroner) | Delivering Box to |
| His Address | Deliver Flowers to |
| Name of Father [illegible] | Removal Charges |
| His Birthplace N.C. | Procuring Burial Permit (State Number and District) |
| Maiden Name of Mother [illegible] | Certif. Copies of Death Certificates No. (State Physician's or Coroner's) |
| Her Birthplace N.C. | Pall Bearer Service, $ ..... Use of Chapel, $ |
| Motor / Ship } Remains to [illegible] | Personal Service |
| Size and Style of Casket [illegible] (State Color) [illegible] | Outlay for Lot $ 35 |
| Manufactured by [illegible] | Cremation |
| Interment at [illegible] { Cemetery / Crematory } | ..... line Death Notices in ..... Papers (Names of Newspapers) |
| Lot No. | Flowers, $ ..... Palms, $ ..... Matting, $ |
| Grave No. W 23 | Rental of Tent, $ ..... of Temporary Vault, $ |
| Section No. | Opening of Grave or Tomb |
| Owner | Lining Grave, $ ..... Lowering Device, $ |
| Diagram of Lot or Vault | Outlay for Shipping Charges |
| | Clergyman, $ ..... Singers, $ ..... Organist, $ |
| | Railroad or Motor } Tickets, $ ..... Aero-plane Service, $ |
| | Teleg., Phone, Cable or Radio Charges |
| | Cash Advanced |
| | Out of town Undertaker's Charges |
| | Sales Tax |
| | Total Footing of Bill $ 293 |
| | Less $ |
| | Balance $ 293 |
| | Entered into Ledger, page ..... or below. |

| To Funeral Charges | Total, $ | By Cash | $ |
|---|---|---|---|
| | | [illegible] | |

Sponsored ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ..... (Print Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue ..... maturity at the rate of 6% per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. .......... Yearly No. 63 .......... Date [illegible] 19....

Name of Deceased Mrs. [illegible] (Mister, Mistress, Miss) (Christian) (Surname) .......... S. C. (When Born) (Where Born)

Residence of Deceased [illegible] St. .......... Husband—Wife—Widow of [illegible]

Charge to Mr. [illegible]

Address [illegible] St.

Order given by Husband (or relationship)

How Secured ..........

Occupation of Deceased Housewife

Name of Employer ..........

Address ..........

Date of Death Aug. 13th 1931 (Date) (Hour)

Date of Birth Aug. 1862

Age [illegible] (Years) (Months) (Days)

Date of Funeral 8-16-31 (Date) (Day of Week) 4 P.M. (Hour)

Services at Funeral Home

Clergyman ..........

His Address ..........

Religion of the Deceased Baptist

Resided in the State (or U.S. or City or Colony) (Years) (Months)

Place of Death Military [illegible]

Cause of Death Sudden death [illegible]

Contributory Causes [illegible]

Certifying Physician [illegible] Chief Med. Ex. (or Coroner)

His Address ..........

Name of Father James [illegible]

His Birthplace S.C.

Maiden Name of Mother [illegible]

Her Birthplace S.C.

Motor / Ship } Remains to ..........

Size and Style of Casket [illegible] (State Color) [illegible]

Manufactured by ..........

Interment at .......... { Cemetery / Crematory }

| Diagram of Lot or Vault | |
|---|---|
| | Lot No. .......... |
| | Grave No. .......... |
| | Section No. .......... |
| | Owner .......... |

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 137 | 50 |
| Casket .......... | | |
| Metallic Lining .......... | | |
| Outside Box [illegible] (State Kind) | | |
| Burial Vault .......... (State Kind) | | |
| Embalming Body .......... with .......... (State Kind) Fluid | | |
| Barber, $ .......... Hair Dressing, $ | | |
| Dressing Body .......... | | |
| Underwear, $ .......... Hose, $ | | |
| Suit or Dress, $ .......... Slippers, $ | | |
| Folding Chairs, $ .......... (State Color) Tarpaulin, $ | | |
| Candelabrum, $ .......... Candles, $ | | |
| Door Spray, $ .......... Gloves, $ | | |
| Funeral Car, $ .......... Ambulance, $ | | |
| Limousines to Cemetery .......... @ $ | | |
| Autos to R. R. Station .......... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| .... Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ .......... Use of Chapel, $ | | |
| Personal Service .......... | | |
| Outlay for Lot .......... | | |
| Cremation .......... | | |
| .... line Death Notices in .......... Papers (Names of Newspapers) | | |
| Flowers, $ .......... Palms, $ .......... Matting, $ | | |
| Rental of Tent, $ .......... of Temporary Vault, $ | | |
| Opening of Grave or Tomb .......... | | |
| Lining Grave, $ .......... Lowering Device, $ | | |
| Outlay for Shipping Charges .......... | | |
| Clergyman, $ .......... Singers, $ .......... Organist, $ | | |
| Railroad or Motor } Tickets, $ .......... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges .......... | | |
| Cash Advanced .......... | | |
| Out of town Undertaker's Charges .......... | | |
| Sales Tax .......... | | |
| Total Footing of Bill | 137 | 50 |
| Less .......... | | |
| Balance | 137 | 50 |

Entered into Ledger, page .......... or below.

| To Funeral Charges Total, $ | By Cash $ |
|---|---|
| | |

Insurance $ .......... Names of Lodges .......... Insurance Certificates ..........

I hereby authorize the above Funeral, and I hereby guarantee that I have sufficient means Legally available to [illegible] for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .......... days from date. Interest to accrue from [illegible] maturity at the rate of 6% per annum.

Signed ..........

Address ..........

Witness ..........

# RECORD OF FUNERAL

Total No. ............ Yearly No. ...... Date ............ 19...

Name of Deceased ............ (Single — Married — Divorced) ............ (What Name) ............ (Where Born)

Residence of Deceased ............ Husband — Wife — Widow ............

Charge to ............

Address ............

Order given by ............ (or alternate)

How Secured ............

Occupation of Deceased ............

Name of Employer ............

Address ............

Date of Death ............ (Date) ............ (Hour)

Date of Birth ............

Age ............ (Years) ............ (Months) ............ (Days)

Date of Funeral ............ (Date) ............ (Day of Week) ............ (Hour)

Services at ............

Clergyman ............

His Address ............

Religion of the Deceased ............

Resided in the State ............ (or U. S. or City or County) (Years) (Months)

Place of Death ............

Cause of Death ............

Contributory Causes ............

Certifying Physician ............ (or Coroner)

His Address ............

Name of Father ............

His Birthplace ............

Maiden Name of Mother ............

Her Birthplace ............

Motor / Ship } Remains to ............

Size and Style of Casket ............ (State Color)

Manufactured by ............

Interment at ............ { Cemetery / Crematory

Diagram of Lot or Vault

Lot No. ............

Grave No. ............

Section No. ............

Owner ............

| Item | Amount |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining | |
| Outside Box ............ (State Kind) | |
| Burial Vault ............ (State Kind) | |
| Embalming Body ............ with ............ (State Kind) Fluid | |
| Barber, $ ............ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ............ Hose, $ | |
| Suit or Dress, $ ............ Slippers, $ | |
| Folding Chairs, $ ............ (State Count) Tarpaulin, $ | |
| Candelabrum, $ ............ Candles, $ | |
| Door Spray, $ ............ Gloves, $ | |
| Funeral Car, $ ............ Ambulance, $ | |
| Limousines to Cemetery ............ @ $ | |
| Autos to R. R. Station ............ @ $ | |
| Getting Remains from ............ | |
| Taking Remains to ............ | |
| Trip to Coroner's Inquest | |
| Delivering Box to ............ | |
| Deliver Flowers to ............ | |
| Removal Charges | |
| Procuring Burial Permit (State Number and Date) | |
| Certif. Copies of Death Certificates No. ............ (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ............ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| Ins Death Notices in ............ Papers (Names of Newspapers) | |
| Flowers, $ ............ Palms, $ ............ Matting, $ | |
| Rental of Tent, $ ............ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ............ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ............ Singers, $ ............ Organist, $ | |
| Railroad or Motor } Tickets, $ ............ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |

Entered into Ledger, page ...... or below.

To Funeral Charges ...... Total, $ ............

By Cash ............ $

Insurance $ ............ Names of Lodges ............ Insurance Companies ............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ............ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ............ days from date. Interest to accrue ............ maturity at the rate of 6% per annum.

Signed ............

Witness ............ Address ............

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# RECORD OF FUNERAL

Yearly No. ...... Date ...... 19...

...Deceased ...... (Single—Married—Divorced) ...... (First Name) ...... (Middle Name)

...of Deceased 194 Charlton St. ...... Husband—Wife—Widow of ...... Maggie Watson

...... 194 ......

...by ...... (or Informant)

...d

...of Deceased unemployed

...ployer

...th Aug 22 1938 (Date) (Hour)

...th 1898

40 (Years) (Months) (Days)

...neral (Date) (Day of Week) (Hour) M

...the Deceased

...the State (in U.S. or City or County) (Years) (Months)

...ath ...... days

...ath Pleurisy with

...y Causes Effusion

...Physician Dr. R. M. Coleman (or Coroner)

... 54 N. Clinton St. ...

...ther George ......

...ace ......

...e of Mother ......

...ace ......

...ains to

...le of Casket ...... (State Color)

...ed by ......

... { Cemetery / Crematory }

Lot No. ......

Grave No. ......

Section No. ......

...of Lodge Vault

Owner ......

| Item | | |
|---|---|---|
| Complete Funeral | $ | 113 |
| Casket | | |
| Metallic Lining | | |
| Outside Box ...... (State Kind) | | |
| Burial Vault ...... (State Kind) | | |
| Embalming Body ...... with ...... (State Kind) Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ...... Hose, $ | | |
| Suit or Dress, $ ...... (State Color) Slippers, $ | | |
| Folding Chairs, $ ...... Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Spray, $ ...... Gloves, $ | | |
| Funeral Car, $ ...... Ambulance, $ | | |
| Limousines to Cemetery ...... @ $ | | |
| Autos to R. R. Station ...... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit ...... (State Number and District) | | |
| ...Certif. Copies of Death Certificates No. ...... (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| ...... Ins Death Notices in ...... Papers (Names of Newspapers) | | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | | |
| Rental of Tent, $ ...... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ...... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | |
| Railroad or Motor Tickets, $ ...... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | 6.5 |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | 113 |
| Less | $ | |
| Balance | $ | 113 |

Entered into Ledger, page ...... or below.

| To Funeral Charges ...... Total, $ | | By Cash | $ |
|---|---|---|---|
| | | Paid Aug 24 ... | |

Names of Lodges ...... Insurance Companies ......

...rize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (The Name of Funeral Director.)

...t of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from ...e rate of 6% per annum.

Signed ......

Address ......

Compiled by F. J. FREIDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. ........ Date ........ 19

Name of Deceased ........ (Single—Married—Divorced) ........ (When Born) (Where Born)

Residence of Deceased ........ Husband—Wife—Widow ........

Charge to ........

Address ........

Order given by ........ (or Alderman)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death ........ (Date) (Hour)

Date of Birth ........

Age ........ (Years) (Months) (Days)

Date of Funeral ........ (Date) (Day of Week) (Hour) M.

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (or U. S. or City or County) (Years) (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Motor / Ship } Remains to ........

Size and Style of Casket ........ (Good Color)

Manufactured by ........

Interment at ........ { Cemetery / Crematory }

Lot No. ........

Grave No. 232

Section No. 24

Owner ........

Diagram of Lot or Vault

Complete Funeral ........ $

Casket ........

Metallic Lining ........

Outside Box ........ (State Kind)

Burial Vault ........ (State Kind)

Embalming Body ........ with ........ Fluid (State Kind)

Barber, $ ........ Hair Dressing, $

Dressing Body ........

Underwear, $ ........ Hose, $

Suit or Dress, $ ........ (State Color) Slippers, $

Folding Chairs, $ ........ Tarpaulin, $

Candelabrum, $ ........ Candles, $

Door Spray, $ ........ Gloves, $

Funeral Car, $ ........ Ambulance, $

Limousines to Cemetery ........ @ $

Autos to R. R. Station ........ @ $

Getting Remains from ........

Taking Remains to ........

Trip to Coroner's Inquest ........

Delivering Box to ........

Deliver Flowers to ........

Removal Charges ........

Procuring Burial Permit ........ (Number and District)

....Certif. Copies of Death Certificates No. .... (State Physician's or Coroner's)

Pall Bearer Service, $ ........ Use of Chapel, $

Personal Service ........

Outlay for Lot ........

Cremation ........

line Death Notices in ........ Papers ........ (Names of Newspapers)

Flowers, $ ........ Palms, $ ........ Matting, $

Rental of Tent, $ ........ of Temporary Vault, $

Opening of Grave or Tomb ........

Lining Grave, $ ........ Lowering Device, $

Outlay for Shipping Charges ........

Clergyman, $ ........ Singers, $ ........ Organist, $

Railroad or Motor } Tickets, $ ........ Aero-plane Service, $

Telegr., Phone, Cable or Radio Charges ........

Cash Advanced ........

Out of town Undertaker's Charges ........

Sales Tax ........

Total Footing of Bill ........ $

Less ........ $

Balance ........ $

Entered into Ledger, page ........ or below.

| To Funeral Charges .... Total, $ | | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance $ ........ Name of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue ........ annually at the rate of ....% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ..................... Yearly No. ..................... Date .... Aug. 2... 19..

Name of Deceased ......................... (Male—Married—Divorced) ..... (What Born) ..... (Where Born)

Residence of Deceased .. 194 Franklin St. .......... Husband—Wife—Widow of ..........

Charge to ..........................

Address .. 194 Franklin St. ..........

Order given by ...... (or informant)

How Secured ..........

Occupation of Deceased ..........

Name of Employer ..........

Address ..........

Date of Death .. Aug. 22 1931 .. (Date) (Hour)

Date of Birth .. Feb. .. 1878 ..

Age .. 40 .. (Years) .. (Months) .. (Days)

Date of Funeral .. (Date) .. (Day of Week) .. (Hour) .. M

Services at ..........

Clergyman ..........

His Address ..........

Religion of the Deceased ..........

Resided in the State .......... (or U. S. or City or County) (Years) (Months)

Place of Death ..........

Cause of Death .. Pleurisy with ..

Contributory Causes .. Effusion ..

Certifying Physician .. Dr. R. M. Coleman .. (or Coroner)

His Address .. 54 N. Clinton St. E. O. ..

Name of Father .. George ..........

His Birthplace .. Ala. ..

Maiden Name of Mother .. ..........

Her Birthplace .. Ala. ..

Motor / Ship } Remains to ..........

Size and Style of Casket .......... (State Color)

Manufactured by ..........

Interment at .......... { Cemetery / Crematory

Diagram of Lot or Vault

Lot No. ..........

Grave No. ..........

Section No. ..........

Owner ..........

| Item | $ |
|---|---|
| Complete Funeral | 100 |
| Casket .......... | |
| Metallic Lining .......... | |
| Outside Box .......... (State Kind) | |
| Burial Vault .......... (State Kind) | |
| Embalming Body .......... with .......... (State Kind) Fluid | |
| Barber, $ .......... Hair Dressing, $ | |
| Dressing Body .......... | |
| Underwear, $ .......... Hose, $ | |
| Suit or Dress, $ .......... (State Color) Slippers, $ | |
| Folding Chairs, $ .......... Tarpaulin, $ | |
| Candelabrum, $ .......... Candles, $ | |
| Door Spray, $ .......... Gloves, $ | |
| Funeral Car, $ .......... Ambulance, $ | |
| Limousine to Cemetery .......... @ $ | |
| Autos to R. R. Station .......... @ $ | |
| Getting Remains from .......... | |
| Taking Remains to .......... | |
| Trip to Coroner's Inquest | |
| Delivering Box to .......... | |
| Deliver Flowers to .......... | |
| Removal Charges | |
| Procuring Burial Permit .......... | |
| ....Certif. Copies of Death Certificates to .......... (State Number and District) (Name Physician or Coroner) | |
| Pall Bearer Service, $ .......... Use of Chapel, $ | |
| Personal Service .......... | |
| Outlay for Lot .......... | |
| Cremation .......... | |
| ....ine Death Notices in .......... Papers (Names of Newspapers) | |
| Flowers, $ .......... Palms, $ .......... Matting, $ | |
| Rental of Tent, $ .......... of Temporary Vault, $ | |
| Opening of Grave or Tomb .......... | |
| Lining Grave, $ .......... Lowering Device, $ | |
| Outlay for Shipping Charges .......... | |
| Clergyman, $ .......... Singers, $ .......... Organist, $ | |
| Railroad / or Motor } Tickets, $ .......... Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced .......... | |
| Out of town Undertaker's Charges | |
| Sales Tax .......... | |
| Total Footing of Bill .......... | |
| Less .......... | |
| Balance .......... | |

Entered into Ledger, page .......... or below.

To Funeral Charges .... Total, $ .......... By Cash .......... $

Insurance $ .......... Names of Lodges .......... Insurance Companies ..........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to .......... (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .......... days from date. Interest to accrue from maturity at the rate of 8% per annum.

Signed ..........

Witness .......... Address ..........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 66 ............ Date [illegible] 193[illegible]

Name of Deceased [illegible] (Single — Married — Divorced) [illegible] (When Born) [illegible] (Where Born)

Residence of Deceased [illegible]    Husband—Wife—Widow— of

Charge to [illegible]

Address [illegible]

Order given by ............ (or obtained)

How Secured ............

Occupation of Deceased [illegible]

Name of Employer ............

Address ............

Date of Death [illegible] (Date) [illegible] (Hour)

Date of Birth [illegible]

Age [illegible] Years ... Months [illegible] Days

Date of Funeral [illegible] (Date) [illegible] (Day of Week) [illegible] (Hour)

Services at [illegible]

Clergyman ............

His Address ............

Religion of the Deceased ............

Resided in the State ...... or U. S. or City or Country ...... Years ...... Months

Place of Death ............

Cause of Death ............

Contributory Causes ............

Certifying Physician ............ (or Coroner)

His Address ............

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] (State Color) [illegible]

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory

Lot No. ............

Grave No. [illegible]

Section No. [illegible]

Owner ............

Diagram of Lot or Vault

| | | |
|---|---|---|
| Complete Funeral ............ | $ | [illegible] |
| Casket ............ | | |
| Metallic Lining ............ (State Kind) | | |
| Outside Box [illegible] (State Kind) | | |
| Burial Vault ............ (State Kind) | | |
| Embalming Body ...... with ...... Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body ............ | | |
| Underwear, $ ...... Hose, $ | | |
| Suit or Dress, $ (State Color) Slippers, $ | | |
| Folding Chairs, $ ...... Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Spray, $ ...... Gloves, $ | | |
| Funeral Car, $ ...... Ambulance, $ | | |
| Limousines to Cemetery ...... @ $ | | |
| Autos to R. R. Station ...... @ $ | | |
| Getting Remains from ............ | | |
| Taking Remains to ............ | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to ............ | | |
| Deliver Flowers to ............ | | |
| Removal Charges ............ | | |
| Procuring Burial Permit ............ (State Number and District) | | |
| Certif. Copies of Death Certificates No. ...... (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot ............ | | [illegible] |
| Cremation ............ | | |
| Line Death Notices in ...... Papers (Names of Newspapers) | | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | | |
| Rental of Tent, $ ...... of Temporary Vault, $ | | |
| Opening of Grave or Tomb ............ | | |
| Lining Grave, $ ...... Lowering Device, $ [illegible] | | [illegible] |
| Outlay for Shipping Charges ............ | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | |
| Railroad or Motor } Tickets, $ ...... Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges ............ | | |
| Cash Advanced ............ | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | [illegible] |
| Less [illegible] | $ | [illegible] |
| Balance ............ | $ | [illegible] |
| Entered into Ledger, page ...... or below. | | |

| To Funeral Charges ...... Total, $ | By Cash $ |
|---|---|
| | [illegible] |

Insurance $ ...... Name of Lodges ...... Insurance Companies ......

I hereby authorize the above Funeral, and I hereby represent that I have sufficient insurance ... available for the payment of all moneys due, and I hereby ... and agree to pay the same within ... days from date ... maturity at the rate of ...% per annum.

Signed ............

Witness ............ Address ............

# RECORD OF FUNERAL

Yearly No. 67 Date Dec. 10th 1938

...ased Mr. John Green (Single—Married—Divorced) Colored (What Race) (Where Born)

...ceased 144 Charlton St. 1st fl. (Husband—Wife—Widow) of Annie

...der Annie Green

...4 Charlton St. 1st fl.

Wife (or informant)

... Deceased

...

Sept. 4th 1938 (Date) 3 P.M. (Hour)

(Years) (Months) (Days)

(Date) (Day of Week) (Hour)

... Deceased

State (If in U.S. or City or County) (Years) (Months)

Newark City Morgue

...rses

...dian (or Coroner)

...of Mother

...s to Luther, N.J.

...of Casket 6'6" flat top square (State Color) gray

...by N. J. C. Co.

Rosehill { Cemetery / Crematory

Lot No.

Grave No. 461

Section No. 24

Owner

| Item | $ |
|---|---|
| Complete Funeral | 125 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ (State Color) ... Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| ... line Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 150 |
| Less | |
| Balance | 150 |

Entered into Ledger, page ... or below.

To Funeral Charges ... Total, $

By Cash $

Paid ... 12-14-38 ... C. C.

Names of Lodges ... Insurance Companies

...the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Director)

...aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from ...te of 6% per annum.

Signed

Address

Compiled by F. J. FRICKMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 66 ........ Date [illegible] 19

Name of Deceased [illegible] (Single — Married — Divorced) ........ (What Race) ........ (Where Born)

Residence of Deceased [illegible] Husband — Wife — Widow ........

Charge to [illegible]

Address [illegible]

Order given by ........ (or informant)

How Secured

Occupation of Deceased [illegible]

Name of Employer ........

Address ........

Date of Death [illegible] (Date) ........ (Hour)

Date of Birth [illegible]

Age ........ (Years) ........ (Months) ........ (Days)

Date of Funeral [illegible] (Date) ........ (Hour)

Services at [illegible]

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (or U. S. or City or County) (Years) (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] (State Color)

[illegible]

Manufactured by [illegible]

Interment at [illegible] (Cemetery / Crematory)

Lot No. ........

Grave No. [illegible]

Section No. [illegible]

Owner ........

Diagram of Lot or Plots

| | |
|---|---|
| Complete Funeral | $ [illegible] |
| Casket | |
| Metallic Lining ........ (State Kind) | |
| Outside Box [illegible] (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body ........ with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ ........ | |
| Dressing Body ........ | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ (State Color) Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to ........ | |
| Deliver Flowers to ........ | |
| Removal Charges ........ | |
| Procuring Burial Permit ........ (Number and District) | |
| Certif. Copies of Death Certificates No. ........ (Name Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | [illegible] |
| Cremation ........ | |
| ........ line Death Notices in ........ Papers (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb ........ | |
| Lining Grave, $ ........ Lowering Device, $ [illegible] | [illegible] |
| Outlay for Shipping Charges ........ | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced ........ | |
| Out of town Undertaker's Charges | |
| Sales Tax ........ | |
| Total Footing of Bill ........ | $ [illegible] |
| Less ........ [illegible] | $ [illegible] |
| Balance ........ | $ [illegible] |
| Entered into Ledger, page ........ or below. | |

| To Funeral Charges ........ Total, $ | By Cash ........ $ |
|---|---|
| | [illegible] |

Insurance ........ Name of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ........ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue after maturity at the rate of 6%, per annum.

Signed ........

Witness ........ Address ........

# RECORD OF FUNERAL

Total No. ............ Yearly No. 67 ........ Date Dec. 10th 1938

Name of Deceased Mr. John Green (Single — Married — Divorced) Colored (What Race) (Where Born)

Residence of Deceased 144 Charlton St 1st fl (Husband — Wife — Widow — Widower) Annie

Charge to Mrs Annie Green

Address 144 Charlton St 1st floor

Order given by Wife (or informant)

How Secured

Occupation of Deceased

Name of Employer

Address

Date of Death Sept. 4th 1938 3 PM (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Newk City Hosp.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Train } Remains to Fairlawn, N.J.

Size and Style of Casket 6'6" Bailey square (State Color) and silver gray

Manufactured by N.J.C.Co.

Interment at Fairlawn { Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No. 461

Section No. 24

Owner

| | |
|---|---|
| Complete Funeral | $ 125 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with (Trade Kind) Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ | |
| Folding Chairs, $ ... (State Color) Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| line Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor } Tickets, $ ... Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 150 |
| Less | $ |
| Balance | $ 150 |
| Entered into Ledger, page ... or below. | |

To Funeral Charges ... Total, $

By Cash $

Insurance ... Name of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Address

# RECORD OF FUNERAL

Total No. ............ Yearly No. 6P ... Date Aug. 18th ... 193_

Name of Deceased (Single — Married — Divorced) ... (When Born) ... (Where Born)

Residence of Deceased ... Husband—Wife—Widow—

Charge to ...

Address ...

Order given by ... (Relationship)

How Secured

Occupation of Deceased

Name of Employer

Address

Date of Death Sept 4th 1938 (Date) ... (Hour)

Date of Birth Feb 11th 1878

Age: (Years) 6 (Months) 22 (Days)

Date of Funeral 9-7-38 (Date) (Day of Week) (Hour)

Services at ...

Clergyman ...

His Address

Religion of the Deceased

Resided in the State (U. S. or City or Country) (Years) (Months)

Place of Death ...

Cause of Death ...

Contributory Causes

Certifying Physician ... (or Coroner) ... 4246

His Address ...

Name of Father ...

His Birthplace

Maiden Name of Mother ...

Her Birthplace ...

Motor / Hearse / Remains to ...

Size and Style of Casket ...

Manufactured by ...

Interment at ... (Cemetery / Crematory)

Lot No. ... Row ... Grave No. ... Section No. ...

Owner

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 41 |
| Casket ... | |
| Metallic Lining ... | |
| Outside Box ... (State Kind) | |
| Burial Vault ... (State Kind) | |
| Embalming Body ... with ... (Plain Kind) Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... (State Color) Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from ... | |
| Taking Remains to ... | |
| Trip to Coroner's Inquest | |
| Delivering Box to ... | |
| Deliver Flowers to ... | |
| Removal Charges ... | |
| Procuring Burial Permit ... (State Number and District) | |
| ... Certif. Copies of Death Certificates No. ... (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service ... | |
| Outlay for Lot ... | 12 |
| Cremation | |
| ... Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb ... | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges ... | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced ... | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill ... | 53 |
| Less ... | |
| Balance ... | 53 |
| Entered into Ledger, page ... or below. | |

To Funeral Charges ... Total, $ ... By Cash ... $

Insurance $ ... Name of Lodges ... Beneficiary Committee ...

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ... for the payment of all amounts ... and I hereby covenant and agree to pay the same within ... days from date ... Interest ... maturity at the rate of 6% per annum.

(Signed) ...

Witness ... Address ...

# RECORD OF FUNERAL

Yearly No. 48 Date Sept. 10th 1938

Deceased [illegible] (Single — Married — Divorced) Colored (What Race) [illegible] (Where Born)

of Deceased 205 [illegible] St.

Husband—Wife—Widow—

[illegible]

[illegible]

by [illegible] (or Informant)

of Deceased

Employer

th Sept. 9th 1938 2 pm (Hour)

th May 2nd 1857 (Date)

51 (Years) 4 (Months) (Days)

eral 9-10-38 Sat. (Day of Week) (Hour)

Bethel Bapt. Church

Hillside Ave.

the Deceased

the State (in U.S. or City or Country) (Years) (Months)

ath. [illegible]

ath

Causes

Physician (or Coroner)

ther

ce [illegible] Ga.

e of Mother Lucy [illegible]

Ga.

dns to [illegible]

e of Casket [illegible] (Kind Color)

[illegible]

d by [illegible]

[illegible] (Cemetery / Crematory)

Lot of Vault

Lot No.

Grave No. 346

Section No. 24

Owner

| | | |
|---|---|---|
| Complete Funeral | $ | 75 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ (State Color) Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. | | |
| Pall Bearer Service, $ (State Physician's or Coroner's) Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | 25 |
| Cremation | | |
| Ins Death Notices in Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aero-plane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | 100 |
| Less | $ | |
| Balance | $ | 100 |

Entered into Ledger, page 27 or below.

| To Funeral Charges | Total, $ | | By Cash | $ |
|---|---|---|---|---|
| | | Paid [illegible] 4-7 [illegible] | | |

Name of Lodges

Insurance Companies

[illegible] the above Funeral, and I hereby represent that I have sufficient resources Legally available to [illegible] (Firm Name of Funeral Director) [illegible] of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from [illegible] rate of 6% per annum.

Signed

Address

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 68 ........ Date [illegible] 19..

Name of Deceased [illegible] (Single—Married) (Widowed) (What Born) (Where Born)

Residence of Deceased [illegible] Husband—Wife—Widow—

Charge to [illegible]

Address [illegible]

Order given by [illegible] (or whom)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death [illegible] 1938 (Date) [illegible] (Hour)

Date of Birth [illegible] 1870

Age [illegible] (Years) 6 (Months) 23 (Days)

Date of Funeral 9-7-38 (Date) [illegible] (Day of Week) 2 P.M. (Hour)

Services at 27 [illegible]

Clergyman [illegible]

His Address ........

Religion of the Deceased ........

Resided in the State ........ (in U. S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes ........

Certifying Physician [illegible] (or Coroner) [illegible]

His Address 541 [illegible]

Name of Father ........

His Birthplace ........

Maiden Name of Mother [illegible] Robinson

Her Birthplace [illegible] N. J.

Motor / Ship Remains to Bloomfield, N. J.

Size and Style of Casket [illegible] (Size Color)

[illegible]

Manufactured by [illegible]

Interment at [illegible] Cemetery / Crematory

(Diagram of Lot or Vault)

Block / Lot No. 1

Row 9

Grave No. 6

[illegible]

Section No. 2

Owner ........

| Item | $ |
|---|---|
| Complete Funeral | 40 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ........ with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ (State Color) ........ Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 15 |
| Cremation | |
| ........ line Death Notices in ........ Papers (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor Tickets, $ ........ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 55 |
| Less | |
| Balance | 55 |

Entered into Ledger, page ........ or below.

| To Funeral Charges ........ Total, $ | | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. ........ Date ........ 19.38

Name of Deceased ........ (Single – Married – Divorced) ........ (What Race) ........ (Where Born)

Residence of Deceased ........ Husband – Wife – Widow – or ........

Charge to ........

Address ........

Order given by ........ (or Informant)

How Secured

Occupation of Deceased

Name of Employer

Address

Date of Death Sept. 6th 1938 (Date) ........ (Hour)

Date of Birth May 2nd 1857

Age ........ (Years) ........ (Months) ........ (Days)

Date of Funeral 9-10-38 (Date) ........ (Day of Week) ........ (Hour)

Services at Bethel Bapt. Church

Clergyman

His Address

Religion of the Deceased

Resided in the State (of U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Hearse } Remains to

Size and Style of Casket ........ (Hand Color)

Manufactured by

Interment at ........ { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 75 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and Issuer) | |
| ....Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| ....line Death Notices in ........ Papers (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Aero-plane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 100 |
| Less | |
| Balance | 100 |

Entered into Ledger, page 27 or below.

| To Funeral Charges | Total, $ | | By Cash | $ |
|---|---|---|---|---|
| | | | | |

Insurance $ ........ Name of Lodges ........ Insurance Company ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 71 ........ Date [illegible] 19[illegible]

Name of Deceased [illegible] (Single — Married — Divorced) [illegible] (Where Born) [illegible] (Where Born)

Residence of Deceased [illegible] (Husband — Wife — Widow —) [illegible]

Charge to [illegible]

Address [illegible]

Order given by [illegible] (Informant)

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer ........

Address ........

Date of Death [illegible] (Date) (Hour)

Date of Birth [illegible] 1921

Age 16 (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour)

Services at [illegible]

Clergyman ........

His Address ........

Religion of the Deceased Baptist

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes ........

Certifying Physician [illegible] (or Coroner)

His Address ........

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] (Trade Name) [illegible]

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory

Block / Lot No. 1

Grave No. 70

Section No. 3

Plan / Owner 12

Diagram of Lot or Vault

| Item | $ | |
|---|---|---|
| Complete Funeral | 170 | |
| Casket | | |
| Metalic Lining | | |
| Outside Box [illegible] (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ........ with (State Kind) ........ Fluid | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ ........ Slippers, $ (State Color) | | |
| Folding Chairs, $ ........ Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery ........ @ $ | | |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| ....Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | [illegible] | |
| Cremation | | |
| ....line Death Notices in ........ Papers (Names of Newspapers) | 2 | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | [illegible] | |
| Rental of Tent, $ ........ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ........ Lowering Device, $ | 3 | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Motor } Tickets, $ ........ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 233 | |
| Less [illegible] | 3 | |
| Balance | 230 | |

Entered into Ledger, page ........ or below.

| To Funeral Charges ...Total, $ | | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Address ........

Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 68 .... Date [illegible]

Name of Deceased [illegible] (Single — Married — Divorced) [illegible] (When Born) (Husband—Wife—Widow)

Residence of Deceased [illegible]

Charge to [illegible]

Address 27 [illegible]

Order given by [illegible]

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death Sept 4th 1938 (Date) 11:30 [illegible] (Hour)

Date of Birth [illegible] 1938 (?)

Age ........ (Years) 6 (Months) 23 (Days) 1

Date of Funeral 9-7-38 (Date) Wed (Day of Week) 2 P.M. (Hour)

Services at 27 [illegible]

Clergyman [illegible]

His Address ........

Religion of the Deceased ........

Resided in the State (In U. S. or City or Country) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes ........

Certifying Physician [illegible] (or Coroner) [illegible]

His Address 741 [illegible]

Name of Father —

His Birthplace —

Maiden Name of Mother [illegible]

Her Birthplace Bloomfield, N.J.

Motor / Ship } Remains to Bloomfield, N.J.

Size and Style of Casket 2'6" [illegible] (Also Color)

[illegible]

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory

Lot No. 1 — Row 9 — Grave No. 5 — Section No. 2

Diagram of Lot or Vault

Owner ........

| | |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ........ with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ ........ Topcoating, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. | |
| Pall Bearer Service, $ ........ (Home Funeral or Cemetery) Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ........ Death Notices in ........ Papers (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor Tickets, $ ........ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |
| Entered into Ledger, page ........ or below. | |

| To Funeral Charges ........ Total, $ | | | By Cash ........ $ |
|---|---|---|---|
| | | | |

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ........ (Firm Name of Funeral ...) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest ........ maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEDERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 76 ............ Date ............ 1938

Name of Deceased ............ (Single—Married—Divorced) ............ (What Race) ............ (Where Born)

Residence of Deceased ............ Husband—Wife—Widow—

Charge to ............

| | |
|---|---|
| Address ............ | Complete Funeral ............ $ 77 |
| Order given by ............ | Casket ............ |
| How Secured ............ | Metallic Lining ............ |
| Occupation of Deceased ............ | Outside Box ............ (Name Kind) |
| Name of Employer ............ | Burial Vault ............ (Name Kind) |
| Address ............ | Embalming Body ............ with ............ (Name Kind) Fluid |
| Date of Death ............ (Date) (Year) | Barber, $ ............ Hair Dressing, $ |
| Date of Birth ............ | Dressing Body ............ |
| Age ............ (Years) (Months) (Days) | Underwear, $ ............ Hose, $ |
| Date of Funeral ............ (Date) (Day of Week) (Hour) | Suit or Dress, $ ............ (State Color) Slippers, $ |
| Services at ............ | Folding Chairs, $ ............ Tarpaulin, $ |
| Clergyman ............ | Candelabrum, $ ............ Candles, $ |
| His Address ............ | Door Spray, $ ............ Gloves, $ |
| Religion of the Deceased ............ | Funeral Car, $ ............ Ambulance, $ |
| Resided in the State ............ (or U. S. or City or County) (Years) (Months) | Limousines to Cemetery ............ @ $ |
| Place of Death ............ | Autos to R. R. Station ............ @ $ |
| Cause of Death ............ | Getting Remains from ............ |
| Contributory Causes ............ | Taking Remains to ............ |
| Certifying Physician ............ (or Coroner) | Trip to Coroner's Inquest ............ |
| His Address ............ | Delivering Box to ............ |
| Name of Father ............ | Deliver Flowers to ............ |
| His Birthplace ............ | Removal Charges ............ |
| Maiden Name of Mother ............ | Procuring Burial Permit ............ (State Number and District) |
| Her Birthplace ............ | ............ Certif. Copies of Death Certificates No. ............ (State Physician's or Coroner's) |
| Motor / Ship } Remains to ............ | Pall Bearer Service, $ ............ Use of Chapel, $ |
| Size and Style of Casket ............ (State Color) | Personal Service ............ |
| Manufactured by ............ | Outlay for Lot ............ 25 |
| Interment at ............ { Cemetery / Crematory | Cremation ............ |
| Lot No. ............ | ............ line Death Notices in ............ Papers (Names of Newspapers) |
| Grave No. ............ | Flowers, $ ............ Palms, $ ............ Matting, $ |
| Section No. ............ | Rental of Tent, $ ............ of Temporary Vault, $ |
| Owner ............ | Opening of Grave or Tomb ............ |
| Diagram of Lot or Vault | Lining Grave, $ ............ Lowering Device, $ |
| | Outlay for Shipping Charges ............ |
| | Clergyman, $ ............ Singers, $ ............ Organist, $ |
| | Railroad or Motor } Tickets, $ ............ Aeroplane Service, $ |
| | Telegr., Phone, Cable or Radio Charges ............ |
| | Cash Advanced ............ |
| | Out of town Undertaker's Charges ............ |
| | Sales Tax ............ |
| | Total Footing of Bill ............ $ |
| | Less ............ $ |
| | Balance ............ $ |
| | Entered into Ledger, page ............ or below. |

| To Funeral Charges ............ Total, $ | By Cash ............ $ |
|---|---|
| | |

Insurance $ ............ Names of Lodges ............ Insurance Companies ............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ............ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ............ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ............

Witness ............ Address ............

Supplied by F. F. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 71 Date [illegible] 19 [illegible]

...eceased [illegible] (Single—Married—Divorced) [illegible] (What Name) (Where Born)

...Deceased [illegible] Husband—Wife—Widow [illegible]

[illegible]

...f Deceased [illegible]

...ployer

...h [illegible] (Date) (Hour)

[illegible] 1921

... (Years) (Months) (Days)

...ral [illegible] (Date) (Day of Week) (Hour) M.

[illegible]

...e Deceased [illegible]

...e State (In U. S. or City or County) (Years) (Months)

...h [illegible]

...th [illegible]

... Causes

...ysician [illegible] (or Coroner)

...er [illegible]

...e [illegible]

...e of Mother [illegible]

...e [illegible]

...es to [illegible]

...e of Casket [illegible] (State Size)

[illegible]

... by [illegible]

... [illegible] { Cemetery / Crematory }

Lot No. 1

Grave No. 70

Section No. 3

Owner. 17

Lot or Vault

| Complete Funeral | $ 170 | |
|---|---|---|
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) [illegible] | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ Slippers, $ | | |
| Folding Chairs, $ (State Color) Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. (State Number and District) | | |
| Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's) | | |
| Personal Service | | |
| Outlay for Lot | 55 | |
| Cremation | | |
| [illegible] Death Notices in [illegible] Papers | 2 | |
| Flowers, $ (Name of Newspapers) Palms, $ [illegible] Matting, $ | 3 | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ 5 | 5 | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ 235 | |
| Less [illegible] | $ 5 | |
| Balance | $ 230 | |

Entered into Ledger, page or below.

| To Funeral Charges | Total, $ | | By Cash | $ |
|---|---|---|---|---|
| | | | | |

Names of Lodges

Insurance Companies

...o the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors)

...f aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

...ate of 6% per annum.

Signed

Address

Compiled by F. J. PRINCEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ..................... Yearly No. 70 ..................... Date ..................... 19...

Name of Deceased ..................... (Single—Married—Divorced) ..................... (When Born) ..................... (Where Born)

Residence of Deceased ..................... Husband—Wife—Widow ..................... of .....................

Charge to .....................

Address .....................

Order given by .....................

How Secured .....................

Occupation of Deceased .....................

Name of Employer .....................

Address .....................

Date of Death ..................... (Date) ..................... Hour

Date of Birth .....................

Age 25 (Years) 11 (Months) 27 (Days)

Date of Funeral ..................... (Date) ..................... (Day of Week) ..................... (Hour)

Services at .....................

Clergyman .....................

His Address .....................

Religion of the Deceased .....................

Resided in the State ..................... (or U. S. or City or County) (Years) (Months)

Place of Death .....................

Cause of Death .....................

Contributory Causes .....................

Certifying Physician ..................... (or Coroner)

His Address .....................

Name of Father .....................

His Birthplace .....................

Maiden Name of Mother .....................

Her Birthplace .....................

Motor / Ship } Remains to .....................

Size and Style of Casket ..................... (State Color)

Manufactured by .....................

Interment at ..................... { Cemetery / Crematory }

Diagram of Lot or Vault

Lot No. .....................

Grave No. 377

Section No. 24

Owner .....................

| Item | $ |
|---|---|
| Complete Funeral | 75 |
| Casket | |
| Metallic Lining | |
| Outside Box ..................... (State Kind) | |
| Burial Vault ..................... (State Kind) | |
| Embalming Body ..... with ..... (State Kind) Fluid | |
| Barber, $ ..... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ..... Hose, $ | |
| Suit or Dress, $ ..... (State Color) Slippers, $ | |
| Folding Chairs, $ ..... Tarpaulin, $ | |
| Candelabrum, $ ..... Candles, $ | |
| Door Spray, $ ..... Gloves, $ | |
| Funeral Car, $ ..... Ambulance, $ | |
| Limousines to Cemetery ..... @ $ | |
| Autos to R. R. Station ..... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit ..... (Permit Number and Date) | |
| Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ..... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| ..... Line Death Notices in ..... Papers (Names of Newspapers) | |
| Flowers, $ ..... Palms, $ ..... Matting, $ | |
| Rental of Tent, $ ..... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ..... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ | |
| Railroad or Motor } Tickets, $ ..... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 100 |
| Less | |
| Balance | 100 |
| Entered into Ledger, page ..... or below. | |

| To Funeral Charges .... Total, $ | | By Cash | $ |
|---|---|---|---|
| | | | |

Insured $ ..................... Names of Lodges ..................... Insurance Companies .....................

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..................... for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..................... days from date. I agree to pay interest on the sum at maturity at the rate of 6% per annum.

Signed .....................

Witness ..................... Address .....................

Compiled by F. F. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. ........ Date ........ 19..

Name of Deceased ........ (Single—Married—Divorced) ........ (What Race) ........ (Where Born)

Residence of Deceased ........ (Husband—Wife—Widow) ........

Charge to ........

Address ........

Order given by ........ (or relationship)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death ........ (Day) ........ (Hour)

Date of Birth ........

Age ........ (Years) (Months) (Days)

Date of Funeral ........ (Date) (Day of Week) (Hour)

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........ Baptist

Resided in the State ........ (or U.S. or City or County) (Years) (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Ship Remains to ........

Size and Style of Casket ........ (State Color)

........

Manufactured by ........

Interment at ........ Cemetery / Crematory

Lot No. ........ 1

Grave No. ........ 70

Section No. ........

Owner ........ 17

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 170 |
| Casket ........ | |
| Metallic Lining ........ | |
| Outside Box ........ (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body ........ with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body ........ | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ Slippers, $ (State Color) | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from ........ | |
| Taking Remains to ........ | |
| Trip to Coroner's Inquest ........ | |
| Delivering Box to ........ | |
| Deliver Flowers to ........ | |
| Removal Charges ........ | |
| Procuring Burial Permit ........ | |
| ........ Certif. Copies of Death Certificates No. ........ (State Number and District) (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service ........ | |
| ........ | |
| Outlay for Lot ........ | 25 |
| Cremation ........ | |
| ........ line Death Notices in ........ Papers | 2 |
| ........ (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | 2 |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb ........ | |
| Lining Grave, $ ........ Lowering Device, $ | 5 |
| Outlay for Shipping Charges ........ | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor Tickets, $ ........ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges ........ | |
| Cash Advanced ........ | |
| Out of town Undertaker's Charges ........ | |
| Sales Tax ........ | |
| Total Footing of Bill ........ | 235 |
| Less ........ | 5 |
| Balance ........ | 230 |

Entered into Ledger, page ........ or below.

| To Funeral Charges .... Total, $ | By Cash | $ |
|---|---|---|
| | | |

Insurance $ ........ Name of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............... Yearly No. 73........ Date ............... 19...

Name of Deceased ............... (Single — Married — Divorced) ............... (What State) ............... (Where Born)

Residence of Deceased ............... Husband—Wife—Widow ...............

Charge to ...............

Address.

Order given by

How Secured.

Occupation of Deceased

Name of Employer...

Address.

Date of Death ............... (Date) (Hour)

Date of Birth

Age 47 (Years) (Months) (Days)

Date of Funeral ............... (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State ............... (City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes...

Certifying Physician ............... (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Ship Remains to

Size and Style of Casket ............... (Steel Other)

Manufactured by

Interment at ............... Cemetery / Crematory

Diagram of Lot or Sect.

Plot No. 5

Grave No. 34

Section No. 15

Owner.

| Item | $ | |
|---|---|---|
| Complete Funeral | | |
| Casket | 50 | |
| Metallic Lining... | | |
| Outside Box ............... (State Kind) | 12 | |
| Burial Vault ............... (State Kind) | | |
| Embalming Body with ............... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ ... Slippers, $ (State Color) | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 11 | |
| Cremation | | |
| ... line Death Notices in ... Papers (Names of Newspapers) | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance. | $ | |
| Entered into Ledger, page ..... or below. | | |

To Funeral Charges .... Total, $

By Cash $

Insurance $ ... Name of Lodge ............... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ............... (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ......... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ... Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 70 ............ Date ............

Name of Deceased ............ (Single—Married—Divorced) ............ (What Race) ............ (Where Born)

Residence of Deceased ............ Husband—Wife—Widow ............

Charge to ............

Address ............

Order given by ............ (or Informant)

How Secured ............

Occupation of Deceased ............

Name of Employer ............

Address ............

Date of Death ............ (Date) (Hour)

Date of Birth ............

Age ............ (Years) ............ (Months) ............ (Days)

Date of Funeral ............ (Date) ............ (Day of Week) ............ (Hour)

Services at ............

Clergyman ............

His Address ............

Religion of the Deceased ............

Resided in the State ............ (or U. S. or City or County) (Years) (Months)

Place of Death ............

Cause of Death ............

Contributory Causes ............

Certifying Physician ............ (or Coroner)

His Address ............

Name of Father ............

His Birthplace ............

Maiden Name of Mother ............

Her Birthplace ............

Motor / Ship } Remains to ............

Size and Style of Casket ............ (Make Color)

Manufactured by ............

Interment at ............ { Cemetery / Crematory }

Diagram of Lot or Vault

Lot No. ............

Grave No. 377

Section No. 24

Owner ............

Complete Funeral ............ $

Casket

Metallic Lining ............

Outside Box ............ (Style Kind)

Burial Vault ............ (Style Kind)

Embalming Body ............ with ............ Fluid

Barber, $ ............ Hair Dressing, $

Dressing Body ............

Underwear, $ ............ Hose, $

Suit or Dress, $ ............ Slippers, $

Folding Chairs, $ ............ Tarpaulin, $

Candelabrum, $ ............ Candles, $

Door Spray, $ ............ Gloves, $

Funeral Car, $ ............ Ambulance, $

Limousines to Cemetery ............ @ $

Autos to R. R. Station ............ @ $

Getting Remains from ............

Taking Remains to ............

Trip to Coroner's Inquest ............

Delivering Box to ............

Deliver Flowers to ............

Removal Charges ............

Procuring Burial Permit ............ (State Number and Date)

Certif. Copies of Death Certificates No. ............ (State Physician's or Coroner's)

Pall Bearer Service, $ ............ Use of Chapel, $

Personal Service ............

Outlay for Lot ............

Cremation ............

Ins Death Notices in ............ Papers (Names of Newspapers)

Flowers, $ ............ Palms, $ ............ Matting, $

Rental of Tent, $ ............ of Temporary Vault, $

Opening of Grave or Tomb ............

Lining Grave, $ ............ Lowering Device, $

Outlay for Shipping Charges ............

Clergyman ............ Singers, $ ............ Organist, $

Railroad / or Motor } Tickets, $ ............ Aeroplane Service, $

Telegr., Phone, Cable or Radio Charges ............

Cash Advanced ............

Out of town Undertaker's Charges ............

Sales Tax ............

Total Footing of Bill ............ $

Less ............ $

Balance ............ $

Entered into Ledger, page ............ or below.

| To Funeral Charges .... Total, $ | | | By Cash ............ |
|---|---|---|---|
| | | | |

Insurance $ ............ Name of Lodges ............ Insurance Companies ............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ............ for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ............ days from date. ............

Signed ............

Witness ............ Address ............

# RECORD OF FUNERAL

Total No. ........ Yearly No. 72 .. Date [illegible] 193[illegible]

Name of Deceased Mrs. Maggie Lee Johnson (Single – Married – Divorced) .... [illegible] (What Race) .... [illegible] (Where Born)

Residence of Deceased [illegible] — Husband – Wife – Widow — [illegible] Johnson

Charge to [illegible]

Address [illegible]

Order given by Husband (or Relationship)

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer [illegible]

Address ........

Date of Death [illegible] (Date) (Hour)

Date of Birth [illegible]

Age [illegible] (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour)

Services at [illegible]

Clergyman

His Address

Religion of the Deceased [illegible]

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death ........

Contributory Causes ........

Certifying Physician (or Coroner)

His Address ........

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother ........

Her Birthplace ........

Motor / Ship | Remains to [illegible]

Size and Style of Casket [illegible] (State Color)

[illegible]

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory

Lot No. ........

Grave No. [illegible]

Section No. [illegible]

Owner ........

Diagram of Lot or Tomb

| Item | $ |
|---|---|
| Complete Funeral | [illegible] |
| Casket | |
| Metallic Lining .. (State Kind) | |
| Outside Box [illegible] (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body .... with .... Fluid | |
| Barber, $ ..... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ....... Hose, $ | |
| Suit or Dress, $ ....... Slippers, $ | |
| Folding Chairs, $ ....... (State Color) Tarpaulin, $ | |
| Candelabrum, $ ..... Candles, $ | |
| Door Spray, $ ....... Gloves, $ | |
| Funeral Car, $ ..... Ambulance, $ | |
| Limousines to Cemetery ...... @ $ | |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to ... | |
| Deliver Flowers to | |
| Removal Charges ... | |
| Procuring Burial Permit (State Number and Source) | |
| ... Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ .... Use of Chapel, $ | |
| Personal Service ........ | |
| Outlay for Lot | 25 |
| Cremation | |
| .... Death Notices in ...... Papers (Names of Newspapers) | |
| Flowers, $ .. Palms, $ .... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb ........ | |
| Lining Grave, $ ...... Lowering Device, $ | |
| Outlay for Shipping Charges ........ | |
| Clergyman, $ .... Singers, $ .... Organist, $ | |
| Railroad or Motor } Tickets, $ .... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill ... | [illegible] |
| Less .. | |
| Balance | [illegible] |
| Entered into Ledger, page ..... or below. | |

| To Funeral Charges .... Total, $ | By Cash ........ $ |
|---|---|
| [illegible] | |

Insurance $ .... Names of Lodges .... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ........ Address ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 73 .... Date

...Deceased ... (Single—Married—Divorced) ... (What Race)

...of Deceased ... Husband—Wife—Widow

...by

...of Deceased

...Employer

...eath ... (Date) ... (Hour)

...th.

... (Years) (Months) (Days)

...neral ... (Date) (Day of Week) (Hour)

...the Deceased

...the State ... (in U. S. or City or County) (Years) (Months)

...ath

...ath

...y Causes

...Physician ... (or Coroner)

...ther

...ace

...rs of Mother

...ace.

...ains to

...yle of Casket ... (Size and Color)

...ed by

...t. ... Cemetery / Crematory

Plot No. ...

Grave No. 76

Section No. 12

Owner.....

| | |
|---|---|
| Complete Funeral | $ |
| Casket | 50 |
| Metallic Lining | |
| Outside Box ... (State Kind) | 12 |
| Burial Vault ... (State Kind) | |
| Embalming Body ... with ... (State Kind) Fluid | 12 |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ | |
| Folding Chairs, $ ... (State Color) Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificate No. (State Number and District) | |
| Pall Bearer Service, $ ... Use of Chapel, $ (State Physician's or Coroner's) | |
| Personal Service | |
| Outlay for Lot | 11 |
| Cremation | |
| ...line Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 110 |
| Less | $ |
| Balance | $ 110 |
| Entered into Ledger, page ... or below. | |

| To Funeral Charges.... Total, $ | By Cash $ |
|---|---|
| | Paid ... 5-21-38 |

Name of Lodges ... Insurance Companies

...rize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors)

...t of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from ...e rate of 6% per annum.

Signed

Address

Compiled by F. J. FICKEHAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 72 .... Date ............ 19...

Name of Deceased Mrs. Maggie Lee Johnson (Single — Married — Divorced) Colored (What Race) ... (Where Born)

Residence of Deceased 411 Montgomery St. 2nd fl. Husband—Wife—Widow— or ........ Jack Johnson

Charge to Mr. Jack Johnson, husband

Address ............

Order given by husband (or Informant)

How Secured ............

Occupation of Deceased ............

Name of Employer ............

Address ............

Date of Death ............ (Date) (Hour)

Date of Birth ............

Age ............ (Years) (Months) (Days)

Date of Funeral ............ (Date) (Day of Week) (Hour) M.

Services at ............

Clergyman ............

His Address ............

Religion of the Deceased ............

Resided in the State ............ in U. S. or City or Country (Years) (Months)

Place of Death ............

Cause of Death ............

Contributory Causes ............

Certifying Physician ............ (or Coroner)

His Address ............

Name of Father ............

His Birthplace ............

Maiden Name of Mother ............

Her Birthplace ............

Motor / Ship } Remains to ............

Size and Style of Casket ............ (State Color)

Manufactured by ............

Interment at ............ { Cemetery / Crematory

Diagram of Lot or Tomb

Lot No. ............

Grave No. ............

Section No. 23 ..

Owner ............

| | |
|---|---|
| Complete Funeral | $ ... |
| Casket .... | |
| Metallic Lining ............ (State Kind) | |
| Outside Box ............ (State Kind) | |
| Burial Vault ............ (State Kind) | |
| Embalming Body .... with .... Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body ............ | |
| Underwear, $ ............ Hose, $ | |
| Suit or Dress, $ ............ Slippers, $ (State Color) | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery .... @ $ | |
| Autos to R. R. Station .... @ $ | |
| Getting Remains from ............ | |
| Taking Remains to ............ | |
| Trip to Coroner's Inquest ............ | |
| Delivering Box to .... | |
| Deliver Flowers to .... | |
| Removal Charges ............ | |
| Procuring Burial Permit ............ (Give Number and District) | |
| ....Certif. Copies of Death Certificate No. ............ (State Physician's or Coroner's) | |
| Pall Bearer Service, $ .... Use of Chapel, $ | |
| Personal Service ............ | |
| ............ | |
| Outlay for Lot ............ | 25 |
| Cremation ............ | |
| ....Ins Death Notices in ........ Papers (Names of Newspapers) | |
| Flowers, $ .... Palms, $ .... Matting, $ | |
| Rental of Tent, $ .... of Temporary Vault, $ | |
| Opening of Grave or Tomb ............ | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges ............ | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges ............ | |
| Cash Advanced ............ | |
| Out of town Undertaker's Charges ............ | |
| Sales Tax | |
| Total Footing of Bill ............ | $ 173 |
| Less .. | $ - |
| Balance ............ | $ 173 |
| Entered into Ledger, page ...... or below. | |

| To Funeral Charges .... Total, $ | By Cash ............ $ |
|---|---|
| | |

Insurance $ ............ Name of Lodges ............ Insurance Companies ............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ............ for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ............ days from date. Interest to accrue ............ maturity at the rate of 6% per annum.

Signed ............

Witness ............ Address ............

Compiled by F. J. FREIDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 73 Date [illegible] 19[illegible]

Name of Deceased [illegible] (Single—Married) (Divorced) [illegible] (What Born) [illegible] (Where Born)

Residence of Deceased [illegible] Husband—Wife—Widow [illegible]

Charge to [illegible]

Address

Order given by [illegible]

How Secured

Occupation of Deceased [illegible]

Name of Employer

Address

Date of Death [illegible] (Date) (Hour)

Date of Birth [illegible]

Age [illegible] (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour)

Services at [illegible]

Clergyman

His Address

Religion of the Deceased

Resided in the State [illegible] (or U. S. if City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Ship Remains to [illegible]

Size and Style of Casket [illegible] (State Inches)

[illegible]

Manufactured by

Interment at [illegible] Cemetery / Crematory

Lot No. [illegible]

Grave No. [illegible]

Section No. [illegible]

Diagram of Lot or Vault

Owner

| Item | $ |
|---|---|
| Complete Funeral | |
| Casket | 5[illegible] |
| Metallic Lining | |
| Outside Box [illegible] (State Kind) | 12 |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid (State Kind) | [illegible] |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ Slippers, $ | |
| Folding Chairs, $ (State Color) Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | [illegible] |
| Limousines to Cemetery [illegible] @ $ [illegible] | |
| Autos to R. R. Station @ $ | |
| Getting Remains from [illegible] | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificate No. (State Number and District) | |
| Pall Bearer Service, $ (State Physician's or Coroner's) Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot [illegible] | [illegible] |
| Cremation | |
| line Death Notices in Papers | |
| Flowers, $ Palms, $ (Charge of Flowers) Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | [illegible] |
| Less | |
| Balance | [illegible] |

Entered into Ledger, page or below.

To Funeral Charges Total, $

By Cash $

[illegible]

Insurance $ Name of Lodge [illegible] Insurance Company

I hereby authorize the above Funeral, and I hereby represent that I have sufficient property Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. ........ Date ........ 19....

Name of Deceased ........ (Single—Married—Divorced) ........ (White Race) (Where Born)

Residence of Deceased 53 Monmouth St. ........ Husband—Wife—Widow

Charge to Mrs Mattie Morton ........

Address 53 Monmouth St. ........

Order given by ........

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death Sept. ........ (Date) (Hour)

Date of Birth ........

Age (Years) (Months) (Days)

Date of Funeral ........ (Date) (Day of Week) (Hour)

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (or U. S. or City or County) (Years) (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Remains to ........

Size and Style of Casket ........ (Trade Color)

........

Manufactured by ........

Interment at Soldiers Plot ........ (Cemetery / Crematory)

Lot No. ........

Grave No. ........

Section No. ........

Diagram of Lot or Lawn

Owner ........

| Item | $ | |
|---|---|---|
| Complete Funeral | | |
| Casket | | |
| Metalic Lining | | |
| Outside Box ........ (State Kind) | | |
| Burial Vault ........ (State Kind) | | |
| Embalming Body ........ with ........ Fluid (State Kind) | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ ........ Slippers, $ (State Color) | | |
| Folding Chairs, $ ........ Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery ........ @ $ | | |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot ........ | | |
| Cremation | | |
| ........ line Death Notices in ........ Papers (Names of Newspapers) | | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | | |
| Rental of Tent, $ ........ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ........ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Motor Tickets, $ ........ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 100 | |
| Less | | |
| Balance | 100 | |

Entered into Ledger, page ........ or below.

To Funeral Charges ........ Total, $

By Cash ........ $

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to pay for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum. (Signature of Funeral Director)

Signed ........

Witness ........ Address ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. .......... Yearly No. 72 .......... Date ..........

Name of Deceased ..........

Residence of Deceased ..........

Charge to ..........

Address ..........

Order given by ..........

How Secured ..........

Occupation of Deceased ..........

Name of Employer ..........

Address ..........

Date of Death .......... (Date) (Hour)

Date of Birth .......... 1884

Age .......... (Years) (Months) (Days)

Date of Funeral .......... (Date) (Day of Week) (Hour)

Services at ..........

Clergyman ..........

His Address ..........

Religion of the Deceased ..........

Resided in the State .......... (or U.S. or City or County) (Years) (Months)

Place of Death ..........

Cause of Death ..........

Contributory Causes ..........

Certifying Physician .......... (or Coroner)

His Address ..........

Name of Father ..........

His Birthplace ..........

Maiden Name of Mother ..........

Her Birthplace ..........

Motor / Ship } Remains to ..........

Size and Style of Casket .......... (Trade Color)

Manufactured by ..........

Interment at .......... { Cemetery / Crematory

Lot No. ..........

Grave No. 301

Section No. ..........

Owner ..........

Diagram of Lot or Vault

Complete Funeral ..........

Casket

Metallic Lining .......... (State Kind)

Outside Box .......... (State Kind)

Burial Vault .......... (State Kind)

Embalming Body ..... with ..... Fluid

Barber, $ ..... Hair Dressing, $

Dressing Body ..........

Underwear, $ ..... Hose, $

Suit or Dress, $ ..... (State Color) Slippers, $

Folding Chairs, $ ..... Tarpaulin, $

Candelabrum, $ ..... Candles, $

Door Spray, $ ..... Gloves, $

Funeral Car, $ ..... Ambulance, $

Limousines to Cemetery ..... @ $

Autos to R. R. Station ..... @ $

Getting Remains from ..........

Taking Remains to ..........

Trip to Coroner's Inquest

Delivering Box to ..........

Deliver Flowers to ..........

Removal Charges

Procuring Burial Permit (State Number and District)

___ Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)

Pall Bearer Service, $ ..... Use of Chapel, $

Personal Service ..........

Outlay for Lot ..........

Cremation ..........

..... line Death Notices in ..... Papers (Names of Newspapers)

Flowers, $ ..... Palms, $ ..... Matting, $

Rental of Tent, $ ..... of Temporary Vault, $

Opening of Grave or Tomb ..........

Lining Grave, $ ..... Lowering Device, $

Outlay for Shipping Charges ..........

Clergyman, $ ..... Singers, $ ..... Organist, $

Railroad or Motor } Tickets, $ ..... Aeroplane Service, $

Telegr., Phone, Cable or Radio Charges

Cash Advanced ..........

Out of town Undertaker's Charges

Sales Tax ..........

Total Footing of Bill .......... $

Less .......... $

Balance .......... $

Entered into Ledger, page ..... or below.

To Funeral Charges ..... Total, $ ..... By Cash

Paid

Insurance $ ..... Names of Lodges ..... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date ..... maturity at the rate of ..... % per annum.

Signed

Witness .......... Address

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# RECORD OF FUNERAL

Total No. ........ Yearly No. [illegible]  Date [illegible] 19...

Name of Deceased [illegible] (Single — Married — Divorced) (White Race)

Residence of Deceased [illegible] (Widow — Widower) (Black Race)

Charge to [illegible]

Address [illegible]

Order given by [illegible] (Informant)

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer

Address

Date of Death [illegible] (Date) (Hour)

Date of Birth [illegible]

Age [illegible] (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (Years) (Months) — in U. S. or City or County

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] (Outside Color)

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory }

Diagram of Lot or Vault

Lot No. .......

Grave No. .......

Section No. .......

Owner .......

Complete Funeral

Casket

Metallic Lining

Outside Box (Stock Kind)

Burial Vault (Stock Kind)

Embalming Body (Stock Kind) with ... Fluid

Barber, $ ... Hair Dressing, $

Dressing Body

Underwear, $ ... Hose, $

Suit or Dress, $ ... Slippers, $ (Stock Kind)

Folding Chairs, $ ... Tarpaulin, $

Candelabrum, $ ... Candles, $

Door Spray, $ ... Gloves, $

Funeral Car, $ ... Ambulance, $

Limousines to Cemetery ... @ $

Autos to R. R. Station ... @ $

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificate No.

Pall Bearer Service, $ ... Use of Chapel, $

Personal Service

Outlay for Lot

Cremation

Ins Death Notices in ... Papers

Flowers, $ ... Palms, $ ... Matting, $

Rental of Tent, $ ... of Temporary Vault, $

Opening of Grave or Tomb

Lining Grave, $ ... Lowering Device, $

Outlay for Shipping Charges

Clergyman, $ ... Singers, $ ... Organist, $

Railroad or Motor } Tickets, $ ... Auto Service, $

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Sales Tax

Total Footing of Bill

Less

Balance

Entered into Ledger, page ... or below.

To Funeral Charges ... Total, $ ... By Cash ... $

Insurance $ ... Names of Ledger ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ... (First Name of Funeral Director) ... days from date. Interest to accrue from ... for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within maturity at the rate of 6% per annum.

Signed

Witness ... Address

# RECORD OF FUNERAL

Yearly No. .......... Date .......... 19....

...ceased .......... (Single — Married — Divorced) .......... (What Race) .......... (Where Born)

Deceased .......... (Husband — Wife — Widow)

... Deceased ..........

...loyer ..........

... Sept. 17th .......... (Date) (Hour)

... (Years) (Months) (Days)

...al 9 .......... (Date) (Day of Week) (Hour) M.

... Deceased

... State .......... (If U. S. or City or Country) (Years) (Months)

...h

... Causes

...ysician .......... (or Coroner)

...er

... of Mother ..........

...s to ..........

... of Casket .......... (Shell Color)

... by ..........

.......... Cemetery / Crematory

Lot No. ..........

Grave No. 36

Section No. 16

...ault or Vault

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | | |
| Casket | 4 | |
| Metallic Lining | | |
| Outside Box .......... (State Kind) | | |
| Burial Vault .......... (State Kind) | | |
| Embalming Body ...... with ...... Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ...... Hose, $ | | |
| Suit or Dress, $ ...... (State Color) Slippers, $ | | |
| Folding Chairs, $ ...... Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Spray, $ ...... Gloves, $ | | |
| Funeral Car, $ ...... Ambulance, $ | | |
| Limousines to Cemetery ...... @ $ | | |
| Autos to R. R. Station ...... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| 1 Certif. Copies of Death Certificates No. 1 (State Physician's or Coroner's) | 1 | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| ...line Death Notices in ...... Papers (Names of Newspapers) | | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | | |
| Rental of Tent, $ ...... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ...... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | |
| Railroad or Motor Tickets, $ ...... Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | | |
| Less | | |
| Balance | | |
| Entered into Ledger, page ...... or below. | | |

| To Funeral Charges ...... Total, $ | By Cash |
|---|---|
| | |

Names of Lodges .......... Insurance Companies

... the above Funeral, and I hereby represent that I have sufficient resources Legally available ... (Print Name of Funeral Director) ... ...of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from ...ate of 6% per annum.

Signed

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ..............  Yearly No. 24  Date ............19...

Name of Deceased ........ (Single—Married) (Divorced) ........ (What Race) (Where Born)

Residence of Deceased ........ Husband—Wife—Widow of ........

Charge to ........

Address ........

Order given by ........ (Relationship)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death ........ (Date) (Hour)

Date of Birth ........

Age ........ (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State (or U. S. or City or Country) (Years) (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Motor/Ship } Remains to ........

Size and Style of Casket ........ (Steel Color)

Manufactured by ........

Interment at ........ { Cemetery / Crematory

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

Diagram of Lot or Vault

| | |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining ........ (State Kind) | |
| Outside Box ........ (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body ........ with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body ........ | |
| Underwear, $ ........ Hose, $ ........ | |
| Suit or Dress, $ ........ Slippers, $ ........ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from ........ | |
| Taking Remains to ........ | |
| Trip to Coroner's Inquest ........ | |
| Delivering Box to ........ | |
| Deliver Flowers to ........ | |
| Removal Charges ........ | |
| Procuring Burial Permit ........ (State Number and District) | |
| ___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service ........ | |
| Outlay for Lot ........ | |
| Cremation ........ | |
| Ins Death Notices in ........ Papers (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb ........ | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges ........ | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced ........ | |
| Out of town Undertaker's Charges | |
| Sales Tax ........ | |
| Total Footing of Bill ........ | $ |
| Less ........ | $ |
| Balance ........ | $ |
| Entered into Ledger, page ........ or below. | |

| To Funeral Charges ... Total, $ | By Cash ........ $ |
|---|---|
| | |

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

(Firm Name of Funeral Directors)

Signed ........

Witness ........

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 48 ............ Date ............ 19....

Name of Deceased [illegible] (Single—Married—Divorced) Colored (White Race) (Whose Race)

Residence of Deceased 53 Monmouth St. 2nd [illegible] Husband—Wife—Widow

Charge to Mrs Mattie Morton [illegible]

Address 53 Monmouth St. 2nd fl. left

Order given by Minnie Stafford brother

How Secured

Occupation of Deceased

Name of Employer

Address

Date of Death Sept. 19th 1932 1:30 (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral 9 (Date) (Day of Week) 1:30 M. (Hour)

Services at

Clergyman [illegible]

His Address

Religion of the Deceased

Resided in the State (In U.S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Remains to [illegible]

Size and Style of Casket [illegible] square (Shell Color) [illegible] steel gray

Manufactured by [illegible]

Interment at Soldiers Plot [illegible] Cemetery / Crematory

Plot No. ...
Grave No. 76
Section No. 16
Owner

Diagram of Lot or Vault

| Item | $ | |
|---|---|---|
| Complete Funeral | | |
| Casket | 4 | |
| Metallic Lining | | |
| Outside Box [illegible] (State Kind) | 11 | 11 |
| Burial Vault (State Kind) | | |
| Embalming Body ...... with ...... Fluid | 15 | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ...... Hose, $ | | |
| Suit or Dress, $ ...... Slippers, $ | | |
| Folding Chairs, $ ...... Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ ...... | | |
| Door Spray, $ ...... Gloves, $ | | |
| Funeral Car, $ ...... Ambulance, $ | 15 | |
| Limousines to Cemetery ...... @ $ | | |
| Autos to R. R. Station ...... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. 1 (Fam. Physician or Coroner) | 1 | 93 |
| Pall Bearer Service, $ ...... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot [illegible] | 18 | |
| Cremation | | |
| ...... Death Notices in ...... Papers (Names of Newspapers) | | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | | |
| Rental of Tent, $ ...... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ...... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | |
| Railroad or Motor Tickets, $ ...... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 100 | |
| Less | | |
| Balance | 100 | |
| Entered into Ledger, page ...... or below. | | |

To Funeral Charges ...... Total, $

By Cash $

Insurance $ ...... Name of Lodge U.S. Vet. Bur. allowance Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum. (Firm Name of Funeral Directors)

Signed

Witness ...... Address

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 77 — Date Dec. 18th 1938

| Field | Entry |
|---|---|
| Name of Deceased | William Taylor Bundick, Colored, Phila. Pa. |
| Residence of Deceased | 331 Bergen St. Pittsburgh |
| Husband—Wife—Widow of | Helena Bundick |
| Charge to | Mrs. Helena Bundick, wife |
| Address | 331 Bergen St. Pittsburgh |
| Order given by | Wife |
| How Secured | |
| Occupation of Deceased | Coachcleaner |
| Name of Employer | Penn. R.R. |
| Address | |
| Date of Death | Dec. 2nd 1938 |
| Date of Birth | Mar. 7th 1888 |
| Age | 50 years, 8 months, 15 days |
| Date of Funeral | 12.5.38, Wed., 11 A.M. |
| Services at | Funeral Home |
| Clergyman | John Hurdle |
| His Address | 125 Fuller St. |
| Religion of the Deceased | |
| Resided in the State | |
| Place of Death | Mun. Bly. Hosp. |
| Cause of Death | T. B. |
| Contributory Causes | |
| Certifying Physician | Hosp. staff |
| His Address | |
| Name of Father | Alan Bundick |
| His Birthplace | — |
| Maiden Name of Mother | Anna Miller |
| Her Birthplace | — |
| Shipped Remains to | Fairmount, N. J. |
| Size and Style of Casket | Octagon with end tops, steel grey |
| Manufactured by | |
| Interment at | Fairmount |
| Lot No. | |
| Grave No. | |
| Section No. | |
| Owner | |

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 150 | |
| Casket | | |
| Metallic Lining | | |
| Outside Box, wood, painted | | |
| Burial Vault | | |
| Embalming Body with Fluid | | |
| Barber, $ / Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ / Hose, $ | | |
| Suit or Dress, $ / Slippers, $ | | |
| Folding Chairs, $ / Tarpaulin, $ | | |
| Candelabrum, $ / Candles, $ | | |
| Door Spray, $ / Gloves, $ | | |
| Funeral Car, $ / Ambulance, $ | 35 | |
| Limousines to Cemetery @ $ | | |
| Autos to R.R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| 3 Certif. Copies of Death Certificates No. | 1 | 50 |
| Pall Bearer Service, $ / Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 15 | |
| Cremation | | |
| Death Notices in Papers | | |
| Flowers, $ / Palms, $ / Matting, $ | | |
| Rental of Tent, $ / of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ / Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ 5 / Singers, $ / Organist, $ | 5 | |
| Railroad or Motor Tickets, $ / Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 206 | 50 |
| Less discount | | 50 |
| Balance | 206 | |
| Entered into Ledger, page … or below. | | |

To Funeral Charges … Total, $

By Cash $

Received … Names of Lodges … Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to … for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within … days from date. Interest to accrue from maturity at the rate of …% per annum.

Signed

Witness … Address

Compiled by F. F. FRIEDMANN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. ...... Date ......

Name of Deceased ...... (Single—Married—Divorced) ...... (What Race)

Residence of Deceased ...... (Husband—Wife—Widow—er)

Charge to ......

Address ......

Order given by ...... (or relationship)

How Secured ......

Occupation of Deceased ......

Name of Employer ......

Address ......

Date of Death ...... (Date) ...... (Hour)

Date of Birth ......

Age ...... (Years) (Months) (Days)

Date of Funeral ...... (Date) (Day of Week) (Hour)

Services at ......

Clergyman ......

His Address ......

Religion of the Deceased ......

Resided in the State ...... (in U.S. or City or County) (Years) (Months)

Place of Death ......

Cause of Death ......

Contributory Causes ......

Certifying Physician ...... (or Coroner)

His Address ......

Name of Father ......

His Birthplace ......

Maiden Name of Mother ......

Her Birthplace ......

Motor / Ship } Remains to ......

Size and Style of Casket ......

Manufactured by ......

Interment at ...... { Cemetery / Crematory

Lot No. ......

Grave No. ......

Section No. ......

Owner ......

Diagram of Lot or Vault

| Complete Funeral | $ |
|---|---|
| Casket | |
| Metallic Lining ...... (State Kind) | |
| Outside Box ...... (State Kind) | |
| Burial Vault ...... (State Kind) | |
| Embalming Body ...... with ...... Fluid | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body ...... | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ ...... Slippers, $ | |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousines to Cemetery ...... @ $ | |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from ...... | |
| Taking Remains to ...... | |
| Trip to Coroner's Inquest | |
| Delivering Box to ...... | |
| Deliver Flowers to ...... | |
| Removal Charges | |
| Procuring Burial Permit ...... (State Number and District) | |
| ...Certif. Copies of Death Certificate No. ...... (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service ...... | |
| Outlay for Lot ...... | |
| Cremation ...... | |
| ...... Ins. Death Notices in ...... Papers | |
| Flowers, $ ...... Palms, $ ...... Matting, $ (Name of Florist) | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb ...... | |
| Lining Grave, $ ...... Lowering Device, $ | |
| Outlay for Shipping Charges ...... | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor } Tickets, $ ...... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced ...... | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill ...... | $ |
| Less ...... | $ |
| Balance ...... | $ |
| Entered into Ledger, page ...... or below. | |

To Funeral Charges ...... Total, $ ...... By Cash ...... $

Insurance $ ...... Names of Lodges ...... Insurance Companies ......

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... Firm Name of Funeral ...... for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Inte... maturity at the rate of 6% per annum.

Signed ......

Witness ...... Address ......

Compiled by F. J. FREIDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 26[illegible] Date [illegible] 19[illegible]

Name of Deceased [illegible] (Single — Married) (Divorced) ... [illegible] (When Born) [illegible] (Where Born)

Residence of Decease[d] ... Husband — Wife — Widow [illegible]

Charge to [illegible]

Address [illegible]

Order given by [illegible] (or Informant)

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer

Address

Date of Death [illegible] (Date) [illegible] (Hour)

Date of Birth [illegible] 1857

Age [illegible] (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) 2 P.M. (Hour)

Services at [illegible]

Clergyman

His Address

Religion of the Deceased

Resided in the State ... or U.S. or City or County (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes.

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship } Remains to [illegible]

Size and Style of Casket (State Color)

Manufactured by

Interment at [illegible] { Cemetery / Crematory

(Diagram of Lot or Vault)

Lot No. [illegible]

Grave No. 26

Section No. 15

Owner [illegible]

| Item | Amount |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ...... with ...... Fluid (State Kind) | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ ...... Slippers, $ | |
| Folding Chairs, $ ...... (State Color) Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ 1 ... Ambulance, $ | 15 |
| Limousines to Cemetery 3 @ $ 10 | 30 |
| Autos to R. R. Station @ $ | |
| Getting Remains from [illegible] | 10 |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificates No. (State Number and Distance) | |
| Pall Bearer Service, $ .... (State Physician's or Coroner's) Use of Chapel, $ | |
| Personal Service | 15 |
| Outlay for Lot Fairmount | [illegible] |
| Cremation | |
| ... line Death Notices in ... Papers [illegible] (Names of Newspapers) | 3 |
| Flowers, $ .... Palms, $ [illegible] Matting, $ | 3 |
| Rental of Tent, $ .... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ .... Lowering Device, $ [illegible] | [illegible] |
| Outlay for Shipping Charges | |
| Clergyman, $ .... Singers, $ .... Organist, $ | |
| Railroad or Motor } Tickets, $ .... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| [illegible] | 10 |
| Total Footing of Bill | $ [illegible] |
| Less | $ |
| Balance | $ 111 |

Entered into Ledger, page ...... or below.

| To Funeral Charges | Total, $ | By Cash | $ |
|---|---|---|---|
| | | [illegible] | |

Insurance $ ...... Names of Lodges ...... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ...... Address

# RECORD OF FUNERAL

Yearly No. 77 Date Dec. 10th 1938

...d William Taylor Bundick Colored (Male) 16

...ased 531 Bergen St. 1st right — Helena Manu...

...a Helena Bundick wife

... Bergen St. 1st right

... Wife

...eceased Each cleaner

...r. Penn. R.R.

... Oct. 2nd 1938

... 24th 1898

... 40 / 8 / 16

... 10-5-38 Wed 11. P.M.

... Home

... Hundle

... 125 Tillie St.

...eceased

...ate

... Diedit Cty Hosp.

... T.B.

...use

...can Hosp. staff

... John J. Bundick

... Mother Anne Miller

...to Fairview, N.J.

... Casket Octagon ... cut

... black gray

... Fairview ... (Cemetery / Crematory)

Lot No.

Grave No.

Section No.

Owner

... To Funeral Charges ... Total, $

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 130 | |
| Casket | | |
| Metallic Lining | | |
| Outside Box white ... (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | 35 | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| 3 Certif. Copies of Death Certificates No. | 1 | 50 |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 15 | |
| Cremation | | |
| Ins. Death Notices in ... Papers | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ 5 Singers, $ ... Organist, $ | 5 | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 206 | 50 |
| Less discount | | 50 |
| Balance | 206 | |

Entered into Ledger, page ... or below.

By Cash

Paid Oct 10 1938

Name of Lodges ... Insurance Companies ...

...the above Funeral, and I hereby represent that I have sufficient resources legally available to ... aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from ... of 6% per annum.

Signed

Address

# RECORD OF FUNERAL

Total No. ............ Yearly No. 76 ............ Date ............ 19..

Name of Deceased ............ (Single—Married—Divorced) ............ (What Race) ............ (Where Born)

Residence of Deceased ............ Husband—Wife—Widow ............

Charge to ............

Address ............

Order given by ............ (of deceased)

How Secured ............

Occupation of Deceased ............

Name of Employer ............

Address ............

Date of Death ............ (Date) ............ (Hour)

Date of Birth ............

Age ............ (Years) ............ (Months) ............ (Days)

Date of Funeral ............ (Date) ............ (Day of Week) ............ (Hour)

Services at ............

Clergyman ............

His Address ............

Religion of the Deceased ............

Resided in the State ............ (in U. S. or City or County) ............ (Years) ............ (Months)

Place of Death ............

Cause of Death ............

Contributory Causes ............

Certifying Physician ............ (or Coroner)

His Address ............

Name of Father ............

His Birthplace ............

Maiden Name of Mother ............

Her Birthplace ............

Motor / Ship } Remains to ............

Size and Style of Casket ............ (State Color)

Manufactured by ............

Interment at ............ (Cemetery / Crematory)

Lot No. ............

Grave No. ............

Section No. ............

Owner ............

(Diagram of Lot or Vault)

| Item | Amount |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ...... with ...... Fluid | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ (State Color) ...... Slippers, $ | |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | 15 |
| Limousines to Cemetery ...... @ $ | 30 |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from ...... | 10 |
| Taking Remains to ...... | |
| Trip to Coroner's Inquest | |
| Delivering Box to ...... | |
| Deliver Flowers to ...... | |
| Removal Charges | |
| Procuring Burial Permit (Name, Office and District) | |
| Certif. Copies of Death Certificates No. ...... (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service | 12 |
| | |
| Outlay for Lot ...... | 1 |
| Cremation | |
| ...... line Death Notices in ...... Papers (Names of Newspapers) | 3 |
| Flowers, $ ...... Palms, $ ...... Matting, $ | 3 |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ...... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor } Tickets, $ ...... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| | 10 |
| Total Footing of Bill | $ 111 |
| Less | $ |
| Balance | $ 111 |
| Entered into Ledger, page ...... or below. | |

| To Funeral Charges ...... Total, $ | | By Cash ...... | $ |
|---|---|---|---|

Insurance $ ...... Name of Lodge ...... Insurance Companies ......

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... Firm Name of Funeral Directors, for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ......

Witness ...... Address ......

Compiled by F. J. PRIMEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ...... Yearly No. 77 Date Dec. 10th 1938

Name of Deceased William Taylor Bundick Colored (What Race) Phila. (Where Born)

Residence of Deceased 531 Bergen St. 1st right — Husband—Wife—Widower: Helena Mann

Charge to Mrs Helena Bundick wife

Address 531 Bergen St. 1st right

Order given by Wife

How Secured ......

Occupation of Deceased Coachcleaner

Name of Employer Penn. R.R.

Address ......

Date of Death Dec. 2nd 1938 (Date) (Hour)

Date of Birth ...... 24th 1898

Age 40 (Years) 8 (Months) 15 (Days)

Date of Funeral 12-5-38 (Date) Wed (Day of Week) 11 A.M. (Hour)

Services at Funeral Home

Clergyman John Hindle

His Address 125 Jillar St.

Religion of the Deceased ......

Resided in the State ...... (or U.S. or City or County) (Years) (Months)

Place of Death ...... Bly Hosp.

Cause of Death T.B.

Contributory Causes ......

Certifying Physician Hosp. staff (or Coroner)

His Address ......

Name of Father John J. Bundick

His Birthplace ......

Maiden Name of Mother Anne Miller

Her Birthplace ......

Ship Remains to Jaunaida, N.J.

Size and Style of Casket octagon end cut top steel gray (Open Outer)

Manufactured by ......

Interment at Jaunaida (Cemetery / Crematory)

Diagram of Lot or Vault

Lot No. ......

Grave No. ......

Section No. ......

Owner ......

| Item | $ | |
|---|---|---|
| Complete Funeral | 150 | — |
| Casket | | |
| Metallic Lining | | |
| Outside Box (Style Kind) ...... | | |
| Burial Vault (Style Kind) | | |
| Embalming Body ...... with ...... Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ...... Hose, $ | | |
| Suit or Dress, $ ...... Slippers, $ | | |
| Folding Chairs, $ ...... Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Spray, $ ...... Gloves, $ | | |
| Funeral Car, $ ...... Ambulance, $ | 35 | |
| Limousines to Cemetery ...... @ $ | | |
| Autos to R.R. Station ...... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| 3 Certif. Copies of Death Certificate No. (State Number and District) | 1 | 50 |
| Pall Bearer Service, $ ...... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 15 | |
| Cremation | | |
| ...... Death Notices in ...... Papers (Names of Newspapers) | | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | | |
| Rental of Tent, $ ...... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ...... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | |
| Railroad or Motor Tickets, $ ...... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 206 | 50 |
| Less discount | | 50 |
| Balance | 206 | |

Entered into Ledger, page ...... or below.

To Funeral Charges .... Total, $

By Cash $

Paid Oct. 1939 ...

Sureties $ ...... Name of Lodge ...... Name of Company ......

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ...... (Time Terms of Funeral Director) ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ......

Witness ...... Signed ...... Address ......

Compiled by F. J. FELDMANN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 78 ........ Date [illegible] 19[illegible]

Name of Deceased [illegible] (Single—Married—Divorced) ........ (What Race) ........ (Where Born)

Residence of Deceased [illegible] Norfolk St. [illegible] — Embalmed—Not Embalmed — [illegible]

Charge to Mrs. Mary [illegible]

Address [illegible] Norfolk St. [illegible]

Order given by [illegible]

How Secured

Occupation of Deceased [illegible]

Name of Employer [illegible]

Address

Date of Death [illegible] (Date) [illegible] (Hour)

Date of Birth [illegible]

Age 37 (Years) (Months) (Days)

Date of Funeral [illegible] (Date) [illegible] (Day of Week) (Hour)

Services at Funeral Home

Clergyman Rev. Coleman

His Address

Religion of the Deceased

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death [illegible] City Hosp.

Cause of Death Cerebral Hemorrhage

Contributory Causes

Certifying Physician R. M. Coleman (or Coroner)

His Address 34 [illegible]

Name of Father

His Birthplace

Maiden Name of Mother Mary [illegible]

Her Birthplace

(Order / Ship) Remains to [illegible]

Size and Style of Casket [illegible] (State Color) [illegible]

Manufactured by M. [illegible] Co.

Interment at Rosehill (Cemetery / Crematory)

Lot No.

Grave No. 412

Section No. 24

Owner.

(Sample of Lot or Vault)

| | | |
|---|---|---|
| Complete Funeral | $ 80 | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside-Box [illegible] (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with ........ Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ ........ Slippers, $ | | |
| Folding Chairs, $ (State Color) Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery .... @ $ | | |
| Autos to R. R. Station .... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ .... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 25 | |
| Cremation | | |
| ....line Death Notices in ........ Papers (Names of Newspapers) | | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | | |
| Rental of Tent, $ .... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ...... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ...... Singers, $ .... Organist, $ | | |
| Railroad or Motor Tickets, $ ........ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ 105 | |
| Less | $ | |
| Balance | $ 105 | |
| Entered into Ledger, page .... or below. | | |

| To Funeral Charges | Total, $ | By Cash | $ |
|---|---|---|---|

[illegible] $ ........ Name of Lodges ........ Insurance Company

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ........ Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. [illegible] Date [illegible]

Name of Deceased [illegible] (Single — Married — Divorced) [illegible] (What Race) (Place Born)

Residence of Deceased ............ Resident—Wife—Where—or [illegible]

Charge to [illegible] wife

Address [illegible]

Order given by [illegible] (or informant)

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer

Address

Date of Death [illegible] (Date) (Hour)

Date of Birth [illegible]

Age [illegible] (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour) M.

Services at [illegible]

Clergyman

His Address

Religion of the Deceased

Resided in the State ... (or U. S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship } Remains to [illegible]

Size and Style of Casket ............ (State Color)

Manufactured by

Interment at [illegible] { Cemetery / Crematory }

Lot No. [illegible]

Grave No. [illegible]

Section No. [illegible]

Owner

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | |
| Casket | |
| Metallic Lining ............ (State Kind) | |
| Outside Box ............ (State Kind) | |
| Burial Vault ............ (State Kind) | |
| Embalming Body ............ with ............ Fluid | |
| Barber, $ ............ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ............ Hose, $ | |
| Suit or Dress, $ ............ (State Color) Slippers, $ | |
| Folding Chairs, $ ............ Tarpaulin, $ | |
| Candelabrum, $ ............ Candles, $ | |
| Door Spray, $ ............ Gloves, $ | |
| Funeral Car, $ ............ Ambulance, $ | |
| Limousines to Cemetery ... @ $ [illegible] | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from [illegible] | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certd. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ............ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot [illegible] | |
| Cremation | |
| ... line Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ............ Palms, $ ............ Matting, $ | |
| Rental of Tent, $ ............ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ............ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ............ Singers, $ ............ Organist, $ | |
| Railroad or Motor Tickets, $ ............ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| [illegible] | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |
| Entered into Ledger, page ............ or below. | |

| | To Funeral Charges ... Total, $ | | | By Cash | $ |
|---|---|---|---|---|---|

Insurance $ ............ Names of Lodges ............ Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to for the payment of above sum, and I hereby covenant and agree to pay the same within ............ days from date. Interest ... maturity at the rate of ...% per annum. (Firm Name of Funeral Dir...)

Signed

Witness ............ Address

Compiled by F. J. PRINZMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 71 Date [illegible] 1935

Name of Deceased John Kearly [illegible] (Single—Married—Divorced) Colored (What Race) [illegible] (Where Born)

Residence of Deceased [illegible] Mission St. [illegible] Husband—Wife—Widow of Ruth

Charge to [illegible]

Address [illegible] Mission St. [illegible]

Order given by [illegible] (or informant)

How Secured ............

Occupation of Deceased Farmer

Name of Employer ............

Address ............

Date of Death [illegible] 1935 (Date) [illegible] (Hour)

Date of Birth Nov. 22nd 1897

Age 40 (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) [illegible] (Hour)

Services at [illegible] Home

Clergyman ............

His Address ............

Religion of the Deceased ............

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes [illegible]

Certifying Physician [illegible] (or Coroner)

His Address ............

Name of Father [illegible]

His Birthplace S. C.

Maiden Name of Mother [illegible]

Her Birthplace S. C.

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] (Color) [illegible] gray

Manufactured by [illegible]

Interment at [illegible] Cemetery / Crematory

Lot No. [illegible]

Grave No. 36

Section No. [illegible]

Owner ............

Diagram of Lot or Tomb

| Item | Amount |
|---|---|
| Complete Funeral | $ 125 |
| Casket | |
| Metallic Lining | |
| Outside Box [illegible] (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ........ with (State Kind) ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ Slippers, $ | |
| Folding Chairs, $ (State Color) ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificates No. (State Number and Date) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 15 |
| Cremation | |
| See Death Notices in ........ Papers (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ........ Lowering Device, $ 7 | 7 |
| Outlay for Shipping Charges | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 150 |
| Less | $ |
| Balance | $ 150 |

Entered into Ledger, page ........ or below.

To Funeral Charges Total, $

By Cash $

Paid [illegible] 1935 Govt.
Paid [illegible] 25th 1935 County

Insurance $ [illegible] Names of Lodges U. S. [illegible] Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum. (Firm Name of Funeral Director)

Signed ............

Witness ............ Address ............

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. [illegible] Date [illegible] 19

...ased [illegible] Jameson [illegible]

...eceased [illegible] Norfolk St. [illegible]

[illegible] Mary Jameson, wife

[illegible] Norfolk St. [illegible]

...Deceased [illegible]

...oyer [illegible]

[illegible] 1934 [illegible]

[illegible]

(Years) (Months) (Days)

[illegible] (Date) (Day of Week) (Hour) M.

Funeral Home

[illegible] Coleman

...Deceased

...State (or U.S. or City or County) (Years) (Months)

[illegible]

[illegible]

...ease

...cian [illegible] Coleman

[illegible]

...f Mother [illegible]

... to [illegible]

...f Casket [illegible] (State Kind)

[illegible]

...y [illegible] Co.

[illegible] (Cemetery / Crematory)

Lot No.

Grave No. 412

Section No. 24

Owner

| | |
|---|---|
| Complete Funeral | $ 80 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) pine | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fl... | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrums, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and Date) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| Line Death Notices in Papers (Names of Newspapers) | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 105 |
| Less | $ |
| Balance | $ 105 |
| Entered Into Ledger, page or below. | |

To Funeral Charges Total $ | By Cash $

Names of Lodges | Insurance Companies

...the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Write Name of Funeral Director) ...aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from ...e of 6% per annum.

Signed

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 71 ........ Date [illegible] 19

Name of Deceased John [illegible] (Single—Married—Divorced) Colored (What Race) [illegible] (Where Born)

Residence of Deceased [illegible] Husband—Wife—Widow—Widower of [illegible]

Charge to [illegible]

Address [illegible]

Order given by [illegible] (Relationship)

How Secured

Occupation of Deceased Laborer

Name of Employer

Address

Date of Death [illegible] 1936 (Date) [illegible] (Hour)

Date of Birth [illegible] 1897

Age [illegible] (Years) (Months) (Days)

Date of Funeral [illegible] (Day of Week) [illegible] (Hour) M.

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (of U. S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes [illegible]

Certifying Physician [illegible] or Coroner

His Address

Name of Father John [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] (State Color) [illegible]

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory

Lot No. [illegible]

Grave No. 36

Section No. 14

Owner

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 1[illegible] |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) [illegible] | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ ...... Slippers, $ | |
| Folding Chairs, $ ...... (State Color) Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door-Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousines to Cemetery ...... @ $ | |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Reship'd Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | [illegible] |
| Cremation | |
| ...... line Death Notices in ...... Papers (Names of Newspapers) | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ...... Lowering Device, $ [illegible] | [illegible] |
| Outlay for Shipping Charges | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor } Tickets, $ ...... Aeroplane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 1[illegible] |
| Less | $ |
| Balance | $ 1[illegible] |

Entered into Ledger, page ...... or below.

| To Funeral Charges ...... Total, $ | | By Cash | $ |
|---|---|---|---|
| | | [illegible] | |

Insurance [illegible] Name of Lodge [illegible] Insurance Company

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue after maturity at the rate of ...% per annum.

Signed

Witness ...... Address

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 72 Date [illegible] 19 [illegible]

Name of Deceased [illegible] (Single - Married - Divorced) ........ (What Race) ........ (Where Born)

Residence of Deceased [illegible] Norfolk St. [illegible] (Street - Write Place)

Charge to Mrs. Mary [illegible] wife

Address [illegible] Norfolk St. [illegible]

Order given by ........ (Write clearly)

How Secured ........

Occupation of Deceased [illegible]

Name of Employer [illegible]

Address ........

Date of Death [illegible] 1938 [illegible] (Date) (Hour)

Date of Birth [illegible] 1901

Age 37 (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour) M

Services at Funeral Home

Clergyman Rev. Coleman

His Address ........

Religion of the Deceased ........

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death [illegible] City [illegible]

Cause of Death Cerebral [illegible]

Contributory Causes ........

Certifying Physician W. M. Coleman (or Coroner)

His Address [illegible]

Name of Father ........

His Birthplace ........

Maiden Name of Mother Mary [illegible]

Her Birthplace ........

Ship Remains to [illegible]

Size and Style of Casket [illegible] (State Color)

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory

Lot No. ........

Grave No. 412

Section No. 24

Owner ........

Diagram of Lot or Vault

| Item | Amount |
|---|---|
| Complete Funeral | $ 80 |
| Casket ........ | |
| Metallic Lining ........ | |
| Outside Box [illegible] (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body with ........ Fluid (State Kind) | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body ........ | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from ........ | |
| Taking Remains to ........ | |
| Trip to Coroner's Inquest ........ | |
| Delivering Box to ........ | |
| Deliver Flowers to ........ | |
| Removal Charges ........ | |
| Procuring Burial Permit ........ | |
| ..Certif. Copies of Death Certificates No. (State Number and District) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ (State Physician's or Coroner's) | |
| Personal Service ........ | |
| Outlay for Lot ........ | 25 |
| Cremation ........ | |
| Death Notices in ........ Papers (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb ........ | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges ........ | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges ........ | |
| Cash Advanced ........ | |
| Out of town Undertaker's Charges ........ | |
| Sales Tax ........ | |
| Total Footing of Bill ........ | $ 105 |
| Less ........ | $ |
| Balance ........ | $ 105 |

Entered into Ledger, page ........ or below.

To Funeral Charges ... Total, $ ........ By Cash $ ........

Insurance $ ........ Name of Assured ........ Insurance Company ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to me for the payment of aforesaid sum, and I hereby contract and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of ...% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FROHMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ......... Yearly No. ... Date ... 19...

Name of Deceased ... Hall ... Colored

Residence of Deceased 267 Livingston St. 10th fl. left ... Eli Hall

Charge to Mr. Eli Hall

Address 267 Livingston St.

Order given by Husband

How Secured

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death ...

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death ...

Cause of Death ...

Contributory Causes

Certifying Physician ... (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Ship Remains to Mackey, N.C.

Size and Style of Casket ... square cut (State Color)

... plain top ...

Manufactured by

Interment at ... { Cemetery / Crematory

Lot No. ...

Grave No. ...

Section No. ...

Owner ...

(Diagram of Lot or Vault)

| | |
|---|---|
| Complete Funeral | $ 15 |
| Casket | |
| Metallic Lining | |
| Outside Box ... (State Kind) | |
| Burial Vault ... (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... (State Color) Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ... line Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 15 |
| Less | $ |
| Balance | $ 15 |

Entered into Ledger, page ... or below

| To Funeral Charges, ... Total, $ | By Cash | $ |
|---|---|---|
| | ... | |

Insurance $ ... Names of Lodges ... Insurance Companies ...

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 71 Date [illegible]

Name of Deceased John Kearby (Colored)

Residence of Deceased 60 Morton St. 1st fl. left Single, Married, Widow ... Race

Charge to Mrs. Ruth Kearby, wife

Address 60 Morton St. 1st fl. left

Order given by wife

How Secured ........

Occupation of Deceased Laborer

Name of Employer ........

Address ........

Date of Death Oct. 6th 1938 (Date) (Hour)

Date of Birth Mar. 22nd 1892

Age 46 (Years) (Months) (Days)

Date of Funeral 10 Oct. Sat. (Date) (Day of Week) (Hour)

Services at funeral home

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (in U.S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death Hypertensive Cardio Vascular disease

Contributory Causes Prolapse of Rectum

Certifying Physician [illegible] (or Coroner)

His Address ........

Name of Father John Kearby

His Birthplace S.C.

Maiden Name of Mother [illegible]

Her Birthplace S.C.

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] (Style Color)

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory

Plot No. 3

Grave No. 36

Row / Section No. 14

Owner ........

Diagram of Lot or Vault

| Complete Funeral | $ |
|---|---|
| Casket | |
| Metallic Lining | |
| Outside Box [illegible] (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... (State Color) Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (Same Number and District) | |
| Certif. Copies of Death Certificates No. (Same Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ... ins Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ 7 | |
| Other Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |
| Entered into Ledger, page ... or below | |

To Funeral Charges ... Total, $

By Cash $

Paid [illegible] 1938 [illegible]

Paid Nov. 25 1938 [illegible] 50.00

Insurance Family Allowance Name of Lodge U.S. Vet. Govt. Burial Insurance Company

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Director)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest ... maturity at the rate of 6% per annum.

Signed

Witness ........ Address ........

Compiled by F. J. FRICKEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 58 Date ............ 19..

Name of Deceased ............ (Single — Married — Divorced) (Husband — Wife — Widow) (First Born) (Wheel Born)

Residence of Deceased 122 Spruce St. ............

Charge to ............

Address 122 Spruce St. ............

Order given by ............ (or informant)

How Secured

Occupation of Deceased ............

Name of Employer ............

Address ............

Date of Death ............ (Date) (Hour)

Date of Birth ............

Age ............ (Years) (Months) (Days)

Date of Funeral ............ (Date) (Day of Week) (Hour)

Services at ............

Clergyman Rev. ............

His Address ............

Religion of the Deceased ............

Resided in the State ............ (or U.S. or City or County) (Years) (Months)

Place of Death ............

Cause of Death ............

Contributory Causes ............

Certifying Physician ............ (or Coroner)

His Address ............

Name of Father ............

His Birthplace ............

Maiden Name of Mother ............

Her Birthplace ............

Motor / Ship } Remains to ............

Size and Style of Casket ............ (State Color)

Manufactured by ............

Interment at ............ { Cemetery / Crematory

Lot No. ............

Grave No. ............

Section No. ............

Owner ............

Diagram of Lot or Lunch

| | |
|---|---|
| Complete Funeral | $ |
| Casket | 27 |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault | |
| Embalming Body ... with ... (State Kind) Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ (State Color) ... Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | 15 |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | 10 |
| Outlay for Lot | 14 |
| Cremation | |
| See Death Notices in ... Papers (Name of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 76 |
| Less | $ |
| Balance | $ 70 |

Entered into Ledger, page 24 or below.

To Funeral Charges ..Total, $ ............ By Cash ............ $

Insurance $ ............ Names of Lodges ............ Insurance Companies ............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ............ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ............ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ............

Witness ............ Address ............

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. ...... Date ...... 19 ......

...ed ...... (Single—Married—Divorced) ...... Hall ...... Poland (Where Born) ...... (Where Born)

...eased 247 ...... St. ...... Husband—Wife—Widow ...... Hall

...... Hall

...... St. ......

...... (of Informant)

...ceased ......

...er ......

...... (Date) ...... (Hour)

... (Date) (Month) (Day of Week) (Hour) M.

Deceased ......

State ...... (in U.S. or City or Country) (Years) (Months)

......

...... (1st Cause)

...ause ......

...ician ...... (of Course)

...of Mother ......

...s to Mackay ......

...of Casket ...... (State Color)

... by ......

Cemetery / Crematory ......

Lot No. ......

Grave No. ......

Section No. ......

Owner ......

Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 15 |
| Casket ...... | |
| Metallic Lining ...... | |
| Outside Box ...... (State Kind) | |
| Burial Vault ...... (State Kind) | |
| Embalming Body ...... with ...... (State Kind) Fluid | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body ...... | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ ...... (State Color) Slippers, $ | |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousines to Cemetery ...... @ $ | |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from ...... | |
| Taking Remains to ...... | |
| Trip to Coroner's Inquest ...... | |
| Delivering Box to ...... | |
| Deliver Flowers to ...... | |
| Removal Charges ...... | |
| Procuring Burial Permit ...... (State Number and District) | |
| ... Certif. Copies of Death Certificates No. ...... (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service ...... | |
| Outlay for Lot ...... | |
| Cremation ...... | |
| ...line Death Notices in ...... Papers (Names of Newspapers) | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb ...... | |
| Lining Grave, $ ...... Lowering Device, $ | |
| Outlay for Shipping Charges ...... | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor Tickets, $ ...... Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced ...... | |
| Out of town Undertaker's Charges | |
| Sales Tax ...... | |
| Total Footing of Bill ...... | 15 |
| Less ...... | |
| Balance ...... | 15 |

Entered into Ledger, page ...... or below.

| To Funeral Charges ...... Total, $ | | | By Cash | $ |
|---|---|---|---|---|
| | | | | |

Names of Lodges ...... Insurance Companies ......

...the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Firm Name of Funeral Director) ...... days from date. Interest to accrue from ...... of aforesaid sum, and I hereby covenant and agree to pay the same within ...... rate of 6% per annum.

Signed ......

Address ......

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ...... Yearly No. ...... Date ......

Name of Deceased ...... (Single — Married — Divorced) (When Born) (Where Born)

Residence of Deceased 127 Spruce St. ...... Husband—Wife—Widow

Charge to ......

Address 127 Spruce St. ......

Order given by ...... (Relationship)

How Secured

Occupation of Deceased ......

Name of Employer

Address

Date of Death ...... (Date) (Hour)

Date of Birth ......

Age ...... (Years) (Months) (Days)

Date of Funeral ...... (Date) (Day of Week) (Hour) M.

Services at ......

Clergyman ......

His Address

Religion of the Deceased

Resided in the State ...... (or U. S. or City or County) (Years) (Months)

Place of Death ......

Cause of Death ......

Contributory Causes

Certifying Physician ...... (or Coroner)

His Address

Name of Father ......

His Birthplace ......

Maiden Name of Mother ......

Her Birthplace ......

Motor / Ship } Remains to ......

Size and Style of Casket ...... (State Color)

......

Manufactured by ......

Interment at ...... { Cemetery / Crematory

Lot No. ......

Grave No. ......

Section No. ......

Diagram of Lot or Vault

Owner ......

| | |
|---|---|
| Complete Funeral | $ |
| Casket | 27 |
| Metallic Lining | |
| Outside Box ...... (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ...... with ...... Fluid | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ ...... Slippers, $ (State Color) | |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousines to Cemetery ...... @ $ | |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| ......Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service | 10 |
| Outlay for Lot | |
| Cremation | |
| ......line Death Notices in ...... Papers (Names of Newspapers) | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ...... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor } Tickets, $ ...... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 74 |
| Less | $ |
| Balance | $ 74 |
| Entered into Ledger, page ...... or below. | |

To Funeral Charges .... Total, $ ...... | By Cash ...... $

Insurance $ ...... Names of Lodges ...... Insurance Companies ......

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue after maturity at the rate of 6% per annum.

Signed

Witness ...... Address ......

Compiled by F. J. FRESEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. ...[illegible]... Date [illegible] 19[illegible]

Name of Deceased ...[illegible]... Hall (Single – Married – Divorced) ... Colored (What Race) ... (Where Born)

Residence of Deceased [illegible] Husband—Wife—Wagon of ... [illegible] Hall

Charge to Mr. Eli Hall

Address ... [illegible]

Order given by ... Husband (Relationship)

How Secured ..........

Occupation of Deceased ... Housewife

Name of Employer ..........

Address ..........

Date of Death ... [illegible] (Date) ... [illegible] (Hour)

Date of Birth ..........

Age ... (Years) ... (Months) ... (Days)

Date of Funeral (Date) ... (Day of Week) ... (Hour) ... M

Services at ..........

Clergyman ..........

His Address ..........

Religion of the Deceased ..........

Resided in the State (in U. S. or City or County) ... (Years) ... (Months)

Place of Death ... [illegible]

Cause of Death ... [illegible]

Contributory Causes ..........

Certifying Physician ... [illegible] (or Coroner)

His Address ..........

Name of Father ..........

His Birthplace ..........

Maiden Name of Mother ..........

Her Birthplace ..........

Ship } Remains to ... Mackay W.C.

Name and Style of Casket ... [illegible] (Shade Color)

... [illegible]

Manufactured by ..........

Interment at ............ { Cemetery / Crematory

Lot No. ..........

Grave No. ..........

Section No. ..........

Other ..........

(Diagram of Lot or Vault)

| Item | $ | |
|---|---|---|
| Complete Funeral | $ | 15 |
| Casket | | |
| Metallic Lining (State Size) | | |
| Outside Box ... [illegible] (State Kind) | | |
| Burial Vault | | |
| Embalming Body ... with (State Kind) ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ (State Color) | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| ... line Death Notices in ... Papers (Names of Newspapers) | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | 15 |
| Less | $ | |
| Balance | $ | 15 |
| Entered into Ledger, page ... or below. | | |

| To Funeral Charges ... Total, $ | By Cash | $ |
|---|---|---|
| | [illegible] | |

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ... (Firm Name of Funeral Directors) ... for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ..........

Witness .......... Address ..........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ......... Yearly No. ......... Date ......... 19...

Name of Deceased ......... (Single — Married — Divorced) ......... (When Born) ......... (Where Born)

Residence of Deceased 139 Monmouth St. ......... Husband — Wife — Widow ......... or ......... Mary

Charge to .........

Address .........

Order given by W. A. Atkins, father-in-law (relationship)

How Secured .........

Occupation of Deceased farmer, retired

Name of Employer unemployed

Address .........

Date of Death ......... 1925 (Date) ......... (Hour)

Date of Birth ......... 1854

Age 72 (Years) (Months) (Days)

Date of Funeral ......... (Date) ......... (Day of Week) ......... (Hour)

Services at Mt. Calvary Bapt. Church

Clergyman Rev. .........

His Address 179 Court St.

Religion of the Deceased Baptist

Resided in the State ......... (or U. S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death Senility

Contributory Causes .........

Certifying Physician Dr. Thomas Bell (or Coroner)

His Address .........

Name of Father .........

His Birthplace .........

Maiden Name of Mother .........

Her Birthplace .........

(Motor / Hearse) Remains to .........

Size and Style of Casket ......... (State Color)

.........

Manufactured by .........

Interment at ......... { Cemetery / Crematory }

Lot No. .........

Grave No. .........

Section No. .........

Owner .........

Diagram of Lot or Vault

| Item | $ | |
|---|---|---|
| Complete Funeral | 85 | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ ... Slippers, $ (State Color) | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| ... Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 25 | |
| Cremation | | |
| ... line Death Notices in ... Papers (Name of Newspapers) | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| (Railroad or Motor) Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 110 | |
| Less | | |
| Balance | 110 | |

Entered into Ledger, page 89 or below.

| To Funeral Charges ... Total, $ | By Cash $ |
|---|---|
| | April 2nd 1929 |

Insurance $ ......... Name of Lodges ......... Insurance Companies .........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ......... (Firm Name of Funeral Director.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ......... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed .........

Witness ......... Address .........

Compiled by F. J. PEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. ........ Date ........ 19

Name of Deceased ........ (Single—Married—Divorced) (What Race) (Where Born)

Residence of Deceased ........ Widowed—Wife—Widow

Charge to ........

Address ........

Order given by ........ (or Informant)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death ........ (Date) (Hour)

Date of Birth ........

Age ........ (Years) (Months) (Days)

Date of Funeral ........ (Date) (Day of Week) (Hour) M.

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (or U. S. if City or County) (Years) (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Motor / Ship } Remains to ........

Size and Style of Casket ........ (State Color)

Manufactured by ........

Interment at ........ { Cemetery / Crematory

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | |
| Casket | 27 |
| Metallic Lining | |
| Outside Box (State Kind) | 3 |
| Burial Vault (State Kind) | |
| Embalming Body ...... with ...... Fluid | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ (State Color) ...... Slippers, $ | |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousines to Cemetery ...... @ $ | |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ...... line Death Notices in ...... Papers (Names of Newspapers) | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ...... Lowering Device, $ | |
| Outlay for ...... Charges | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor } Tickets, $ ...... Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 76 |
| Less | |
| Balance | 76 |

Entered into Ledger, page ...... or below.

| To Funeral Charges .... Total, $ | By Cash | $ |
|---|---|---|
| | | |

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue after maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FRICKEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. ........ Date ........ 19 ..

Name of Deceased [illegible] (Single – Married – Divorced) (Where Born) (White, Brown)

Residence of Deceased [illegible]

Charge to [illegible]

Address [illegible]

Order given by [illegible] (or Attorney)

How Secured

Occupation of Deceased [illegible]

Name of Employer

Address [illegible]

Date of Death [illegible] (Hour)

Date of Birth May [illegible] 1870

Age 65 (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour)

Services at [illegible]

Clergyman [illegible]

His Address

Religion of the Deceased

Resided in the State (in U.S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father [illegible]

His Birthplace

Maiden Name of Mother [illegible]

Her Birthplace

Remains to [illegible]

Size and Style of Casket [illegible]

Manufactured by [illegible]

Interment at [illegible] (Cemetery) (Crematory)

| | |
|---|---|
| Complete Funeral | 135 00 |
| Casket | |
| Metallic Lining | |
| Outside Box | |
| Burial Vault | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Cert. Copies of Death Certificates | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| Ins. Death Notices in ... Papers | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad Tickets, $ ... Auto Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | |
| Less | |
| Balance | |
| Entered into Ledger, page ... or below. | |

Lot No. ........ Grave No. ........ Section No. ........ Owner ........

Diagram of Lot or Grave

To Funeral Charges ........ Total $ ........

By Cash

Insurance $ ........ Number of Ledger ........ Insurance Company ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by E. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. ...... Date ...... 19......

...eceased ...... (Single—Married—Divorced) ...... (What Race) ...... (Where Born)

...f Deceased 132 ...... St. ...... Husband—Wife—Widow of ......

...by ......

...of Deceased ......

...ployer ......

...ath ...... (Date) ...... (Hour)

...h ......

...92 (Years) (Months) (Days)

...eral ...... (Date) (Day of Week) (Hour)

...he Deceased ......

...he State (or U.S. or City or County) (Years) (Months)

...ath ......

...th ......

...y Causes ......

...hysician ...... (or Coroner)

...ther ......

...ace ......

...ne of Mother ......

...nce ......

...ains to ......

...e of Casket ...... (State Color)

...ed by ......

...t ...... { Cemetery / Crematory }

Lot No. ......

Grave No. ......

Section No. ......

Owner ......

...of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 85 |
| Casket ...... | |
| Metallic Lining ...... | |
| Outside Box ...... (State Kind) | |
| Burial Vault ...... (State Kind) | |
| Embalming Body ...... with ...... Fluid (State Kind) | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body ...... | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ ...... (State Color) Slippers, $ | |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousines to Cemetery ...... @ $ | |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from ...... | |
| Taking Remains to ...... | |
| Trip to Coroner's Inquest ...... | |
| Delivering Box to ...... | |
| Deliver Flowers to ...... | |
| Removal Charges ...... | |
| Procuring Burial Permit ...... (State Number and Dates) | |
| ...... Certif. Copies of Death Certificates No. ...... (State Physician's or Coroner) | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service ...... | |
| Outlay for Lot ...... | 25 |
| Cremation ...... | |
| ...... line Death Notices in ...... Papers (Names of Newspapers) | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb ...... | |
| Lining Grave, $ ...... Lowering Device, $ | |
| Outlay for Shipping Charges ...... | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor Tickets, $ ...... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced ...... | |
| Out of town Undertaker's Charges ...... | |
| Sales Tax ...... | |
| Total Footing of Bill | 110 |
| Less ...... | |
| Balance ...... | 110 |

Entered into Ledger, page 49 or below.

| To Funeral Charges ...... Total, $ | By Cash | $ |
|---|---|---|
| | | |

Names of Lodges ...... Insurance Companies ......

...the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Firm Name of Funeral Directors)

...t of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from ...... rate of 6% per annum.

Signed ......

Address ......

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. ........ Date ........ 19

Name of Deceased ........ (Single – Married – Divorced) ........ Husband – Wife – Widow ........ (Where Born) ........ (Where Born)

Residence of Deceased ........

Charge to ........

Address ........

Order given by ........ (or relationship)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death ........ (Date) ........ Hour

Date of Birth ........

Age ........ (Years) ........ (Months) ........ (Days)

Date of Funeral ........ (Date) ........ (Day of Week) ........ (Hour)

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (or U. S. in City or County) (Years) (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Motor / Ship } Remains to ........

Size and Style of Casket ........ (State Color)

Manufactured by ........

Interment at ........ { Cemetery / Crematory

Lot No. ........

Grave No. ........ 316

Section No. ........ 24

Owner ........

Diagram of Lot or Vault

| | |
|---|---|
| Complete Funeral | $ 1.77 |
| Casket | |
| Metallic Lining ........ (State Kind) | |
| Outside Box ........ (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body ........ with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body ........ | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ (State Color) Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from ........ | |
| Taking Remains to ........ | |
| Trip to Coroner's Inquest ........ | |
| Delivering Box to ........ | |
| Deliver Flowers to ........ | |
| Removal Charges ........ | |
| Procuring Burial Permit ........ (State Number and District) | |
| ........ Certif. Copies of Death Certificates No. ........ (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service ........ | |
| Outlay for Lot ........ | |
| Cremation ........ | |
| ........ line Death Notices in ........ Papers | |
| Flowers, $ ........ (Names of Newspapers) Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb ........ | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges ........ | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced ........ | |
| Out of town Undertaker's Charges ........ | |
| Sales Tax ........ | |
| Total Footing of Bill ........ | $ 164 |
| Less ........ | $ |
| Balance ........ | $ 164 |
| Entered into Ledger, page ........ or below. | |

| To Funeral Charges ........ Total, $ | By Cash ........ $ |
|---|---|
| | |

Insurance $ ........ Name of Lodge ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Director) ........ days from date ........ Interest to ........

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

# RECORD OF FUNERAL

Total No. ................ Yearly No. [illegible] Date [illegible] 19[illegible]

Name of Deceased [illegible] (Single – Married – Divorced) [illegible] (What Race) (Where Born)

Residence of Deceased 139 Monmouth St. [illegible] Husband—Wife—Widow of [illegible]

Charge to [illegible]

Address [illegible]

Order given by W. A. Atkins, father in law (or Employee)

How Secured

Occupation of Deceased [illegible]

Name of Employer unemployed

Address

Date of Death [illegible] (Date) (Hour)

Date of Birth [illegible] 1854

Age 92 (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour)

Services at Mt. [illegible] Bapt. Church

Clergyman Rev. [illegible]

His Address 179 [illegible] St.

Religion of the Deceased Baptist

Resided in the State (In U. S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death Senility

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father [illegible]

His Birthplace

Maiden Name of Mother

Her Birthplace

Shipped / Remains to [illegible]

Size and Style of Casket [illegible] (State Color)

[illegible]

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory

[illegible] — Diagram of Lot or Vault

Lot No.

Grave No. [illegible]

Section No. [illegible]

Owner

| | | |
|---|---|---|
| Complete Funeral | $ | 85 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ (State Color) ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| ... Certif. Copies of Death Certificates No. (State Physician's or Coroner) | | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | 25 |
| Cremation | | |
| ... line Death Notices in ... Papers (Names of Newspapers) | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor } Tickets, $ ... Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | 110 |
| Less | $ | |
| Balance | $ | 110 |

Entered into Ledger, page 89 or below.

| To Funeral Charges ... Total, $ | By Cash | $ |
|---|---|---|
| | [illegible] | |

Insurance $ ... Name of Lodge ... Insurance Company

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ... Address

# RECORD OF FUNERAL

Total No. ...... Yearly No. 75 ...... Date Aug. 10th ...... 1938

Name of Deceased [illegible] ...... (Single—Married—Divorced) ...... [illegible] (What Race) ...... N.C. (Where Born)

Residence of Deceased 34 [illegible] St. [illegible] ...... Husband—Wife—Widow of [illegible] Brown

Charge to [illegible] Pike; wife [illegible]

Address

Order given by A. Boyer, Brother in law (or informant)

How Secured

Occupation of Deceased Laborer

Name of Employer

Address

Date of Death Oct. 21st 1938 ...... 6:30 (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral 10-24-38 [illegible] (Date) (Day of Week) ...... 2 P.M. (Hour)

Services at [illegible] Bapt. Church

Clergyman Rev. Brown

His Address

Religion of the Deceased Baptist

Resided in the State (in U.S. or City or County) (Years) (Months)

Place of Death Community, [illegible]

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father James Pike

His Birthplace N.C.

Maiden Name of Mother [illegible]

Her Birthplace N.C.

Shipping Remains to [illegible] N.C.

Size and Style of Casket [illegible] (State Color)

[illegible] steel [illegible]

Manufactured by N.C. Co.

Interment at [illegible] { Cemetery / Crematory }

Diagram of Lot or Vault

Plot No. 3

Grave No. 37

Row / Section No. 18

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 130 | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ (State Color) Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 18 | |
| Cremation | | |
| line Death Notices in Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ 2 | 2 | |
| Outlay for Shipping-Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges 2 | 1 | 86 |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 151 | 86 |
| Less | | |
| Balance | 151 | 86 |

Entered into Ledger, page ...... or below.

| To Funeral Charges ... Total, $ | | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance $ ...... Names of Lodges [illegible] ...... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ...... Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 52 ........ Date ........

Name of Deceased ........ (Single—Married—Divorced) (First Name) (Where Born)

Residence of Deceased ........ Husband—Wife—Widow ........

Charge to ........

Address ........

Order given by ........ (or Attorney)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death ........ (Date) ........ (Hour)

Date of Birth ........

Age ........ (Years) ........ (Months) ........ (Days)

Date of Funeral ........ (Date) ........ (Day of Week) ........ (Hour)

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (in U. S. or City or County) (Years) (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ or Coroner

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Motor / Ship } Remains to ........

Size and Style of Casket ........ (State Color)

Manufactured by ........

Interment at ........ { Cemetery / Crematory }

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

Diagram of Lot or Vault

Complete Funeral ........ $

Casket ........

Metallic Lining ........ (State Kind)

Outside Box ........ (State Kind)

Burial Vault ........ (State Kind)

Embalming Body ........ with ........ Fluid

Barber, $ ........ Hair Dressing, $

Dressing Body ........

Underwear, $ ........ Hose, $ ........

Suit or Dress, $ ........ (State Color) Slippers, $ ........

Folding Chairs, $ ........ Tarpaulin, $

Candelabrum, $ ........ Candles, $

Door Spray, $ ........ Gloves, $

Funeral Car, $ ........ Ambulance, $

Limousines to Cemetery ........ @ $

Autos to R. R. Station ........ @ $

Getting Remains from ........

Taking Remains to ........

Trip to Coroner's Inquest ........

Delivering Box to ........

Deliver Flowers to ........

Removal Charges ........

Procuring Burial Permit ........ (State Number and District)

Certif. Copies of Death Certificates No. ........ (State Physician's or Coroner's)

Pall Bearer Service, $ ........ Use of Chapel, $

Personal Service ........

Outlay for Lot ........

Cremation ........

........ Death Notices in ........ Papers (Names of Newspapers)

Flowers, $ ........ Palms, $ ........ Matting, $

Rental of Tent, $ ........ of Temporary Vault, $

Opening of Grave or Tomb ........

Lining Grave, $ ........ Lowering Device, $

Outlay for Shipping Charges ........

Clergyman, $ ........ Singers, $ ........ Organist, $

Railroad or Motor } Tickets, $ ........ Aeroplane Service, $

Telegr., Phone, Cable or Radio Charges ........

Cash Advanced ........

Out of town Undertaker's Charges ........

Sales Tax ........

Total Footing of Bill ........

Less ........

Balance ........

Entered into Ledger, page ........ or below.

To Funeral Charges ........ Total, $ ........

By Cash ........

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest thereon at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ...... Yearly No. 54 ...... Date ...... 19 ..

Name of Deceased [illegible] (Single — Married — Divorced) ...... (What Race) ...... (Where Born)

Residence of Deceased [illegible] ...... Husband — Wife — Widow ...... [illegible]

Charge to [illegible]

Address [illegible]

Order given by [illegible]

How Secured

Occupation of Deceased [illegible]

Name of Employer

Address

Date of Death [illegible] (Date) ...... (Hour)

Date of Birth [illegible]

Age ...... (Years) ...... (Months) ...... (Days)

Date of Funeral ...... (Date) ...... (Day of Week) ...... (Hour)

Services at [illegible]

Clergyman [illegible]

His Address

Religion of the Deceased

Resided in the State ...... in U. S. ...... in City or County ...... (Years) ...... (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father [illegible]

His Birthplace

Maiden Name of Mother [illegible]

Her Birthplace

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] (State Color)

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory

Lot No. [illegible]

Grave No. [illegible]

Section No. [illegible]

Owner

Plan of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 235 |
| Casket | |
| Metallic Lining | |
| Outside Box [illegible] (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ...... with ...... Fluid | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ ...... Slippers, $ | |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousines to Cemetery ...... @ $ | |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from [illegible] | 12 |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| 2 Certif. Copies of Death Certificates No. (State Number and District) | 4 |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ...... line Death Notices in ...... Papers (Names of Newspapers) | 6 |
| Flowers, $ ...... Palms, $ ...... Matting, $ | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb | 30 |
| Lining Grave, $ ...... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor } Tickets, $ ...... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| [illegible] | 6 |
| Total Footing of Bill | 294 |
| Less | |
| Balance | 294 |

Entered into Ledger, page ...... or below.

To Funeral Charges ...... Total, $ ...... By Cash ...... $

Insurance $ ...... Names of Lodges [illegible] ...... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Address

Witness

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 13 Date Aug. 20th 1928

...ned Married (Single—Married—Divorced) Colored (What Race) N. C. (Where Born)

...ceased 36 Wright St. Husb. Husband—Wife—Widow— of Lucius Brown

...ice Pills wife & worker & counter

...A. Boyer Brother in law (or informant)

...ceased Laborer

...Aug. 20th 1928 6:30 P (Days) (Hour)

...10-24-28 Mon. 2 P M (Date) (Day of Week) (Hour)

...chils Bapt. Church

...Rev. Brown

...ceased Baptist

...ate (of U. S. or City or County) (Years) (Months)

...Community Hosp.

...ses

...ian (or Country)

James Pills

N. C.

Mother Mary Pillman

N. C.

...Casket ...

...

...N. C. Co.

... Cemetery / Crematory

Plot No. 5

Grave No. 37

Row / Section No. 18

...Vault Owner

| | | |
|---|---|---|
| Complete Funeral | $ 130 | |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body... with... (State Kind) Fluid | | |
| Barber, $... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $... Hose, $ | | |
| Suit or Dress, $... (State Color) Slippers, $ | | |
| Folding Chairs, $... Tarpaulin, $ | | |
| Candelabrum, $... Candles, $ | | |
| Door Spray, $... Gloves, $ | | |
| Funeral Car, $... Ambulance, $ | | |
| Limousines to Cemetery... @ $ | | |
| Autos to R. R. Station... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| ...Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 18 | |
| Cremation | | |
| ...line Death Notices in... (Names of Newspapers) Papers | | |
| Flowers, $... Palms, $... Matting, $ | | |
| Rental of Tent, $... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $... Lowering Device, $ 2 | 2 | |
| Outlay for Shipping Charges | | |
| Clergyman, $... Singers, $... Organist, $ | | |
| Railroad or Motor Tickets, $... Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges 2 | 1 | 86 |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ 151 | 86 |
| Less | $ | |
| Balance | $ 151 | 86 |
| Entered into Ledger, page... or below. | | |

...o Funeral Charges ... Total $ By Cash

Name of Lodge Good Samaritan ... Insurance Companies

...above Funeral, and I hereby represent that I have sufficient resources Legally available to ...said sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from ... of 6% per annum. (Firm Name of Funeral Directors)

Signed

Address

# RECORD OF FUNERAL

Total No. ............ Yearly No. 57. Date [illegible] 19..

Name of Deceased [illegible] (Single — Married — Divorced) ........ (What Race) (Where Born)

Residence of Deceased [illegible] Husband—Wife—Widow [illegible]

Charge to [illegible]

Address [illegible]

Order given by [illegible]

How Secured

Occupation of Deceased [illegible]

Name of Employer

Address

Date of Death [illegible] (Date) (Hour)

Date of Birth [illegible]

Age [illegible] (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour) M

Services at [illegible]

Clergyman [illegible]

His Address

Religion of the Deceased

Resided in the State ........ (or U. S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father [illegible]

His Birthplace —

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] (State Color)

[illegible]

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory

Diagram of Lot or Vault

Lot No. [illegible]

Grave No. [illegible]

Section No. [illegible]

Owner

| Item | $ |
|---|---|
| Complete Funeral | 238 |
| Casket | |
| Metallic Lining | |
| Outside Box [illegible] (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ..... with ..... Fluid | |
| Barber, $ ..... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ..... Hose, $ | |
| Suit or Dress, $ ..... Slippers, $ (State Color) | |
| Folding Chairs, $ ..... Tarpaulin, $ | |
| Candelabrum, $ ..... Candles, $ | |
| Door Spray, $ ..... Gloves, $ | |
| Funeral Car, $ ..... Ambulance, $ | |
| Limousines to Cemetery ..... @ $ | |
| Autos to R. R. Station ..... @ $ | |
| Getting Remains from [illegible] | 10. |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| 2 Certif. Copies of Death Certificates No. (State Number and District) | 4. |
| Pall Bearer Service, $ ..... Use of Chapel, $ (State Pallbearer's or Carriers) | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ..... line Death Notices in ..... Papers (Names of Newspapers) | 6. |
| Flowers, $ ..... Palms, $ ..... Matting, $ | |
| Rental of Tent, $ ..... of Temporary Vault, $ | |
| Opening of Grave or Tomb | 30. |
| Lining Grave, $ ..... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ | |
| Railroad or Motor } Tickets, $ ..... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| [illegible] | 6 |
| Total Footing of Bill | 294 |
| Less | |
| Balance | 294 |

Entered into Ledger, page ..... or below.

| To Funeral Charges | Total, $ | By Cash | $ |
|---|---|---|---|
| | | [illegible] | |

Insurance $ ..... Names of Lodges [illegible] Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue at maturity at the rate of ..% per annum.

Signed

Witness ..... Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ....... Yearly No. 15 ....... Date [illegible] 193[illegible]

Name of Deceased [illegible] (Single—Married—Divorced) [illegible] (When Born) N.C. (Where Born)

Residence of Deceased 36 [illegible] St. [illegible] Husband—Wife—Widow of [illegible] Brown

Charge to [illegible] wife [illegible] County

Address

Order given by Q. Boyer Brother in law (or informant)

How Secured

Occupation of Deceased [illegible]

Name of Employer

Address

Date of Death Oct. 20th 1936 (Date) 6:20 (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral 10-24-36 (Date) [illegible] (Day of Week) 2 P M. (Hour)

Services at [illegible] Bapt. Church

Clergyman Rev. Brown

His Address

Religion of the Deceased Baptist

Resided in the State (Years) (Months) (in U.S., or City or County)

Place of Death Community Hosp.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father James [illegible]

His Birthplace N.C.

Maiden Name of Mother [illegible]

Her Birthplace N.C.

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] (Name Color)

[illegible]

Manufactured by [illegible] Co.

Interment at [illegible] Cemetery / Crematory

Plot No. 3

Grave No. 37

Row / Section No. 19

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 130 | |
| Casket | | |
| Metallic Lining | | |
| Outside Box (Name Kind) | | |
| Burial Vault (Name Kind) | | |
| Embalming Body ... with (Name Kind) ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ ... (Name Color) Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. | | |
| Pall Bearer Service, $ ... (State Physician or Coroner) Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 18 | |
| Cremation | | |
| ... line Death Notices in (Names of Newspapers) Papers | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Lowering Device, $ 2 | 2 | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges 2 | 1 | 86 |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 151 | 86 |
| Less | | |
| Balance | 151 | 86 |

Entered into Ledger, page ... or below

To Funeral Charges ... Total, $

By Cash $

Insurance $ ... Names of Lodges [illegible] Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Address

Compiled by F. J. FREEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 87 ........ Date Dec. 12th 1931

Name of Deceased Charles Ralph Jones (Male—Married—Single) ........ Colored Ala. (What Race) (Where Born)

Residence of Deceased 136 Barclay St. [illegible] ........ Husband—Wife—Widow ........ son of Chas. B. Jones

Charge to Mrs. Chas. B. Jones, mother

Address 136 Barclay St. [illegible]

Order given by Mother (or Informant)

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer [illegible] Co.

Address ........

Date of Death Dec. 10th 1931 (Date) (Hour)

Date of Birth March 10th 1914

Age 17 (Years) 7 (Months) [illegible] (Days)

Date of Funeral 12-14-31 (Date) (Day of Week) 1:30 P.M. (Hour)

Services at Union Bapt. [illegible]

Clergyman Rev. Tuckee

His Address ........

Religion of the Deceased ........

Resided in the State ........ (in U. S. or City or County) (Years) (Months)

Place of Death St. Michael Hosp.

Cause of Death [illegible] Cardiac

Contributory Causes Hypertensive

Certifying Physician [illegible] (or Coroner)

His Address ........

Name of Father Chas. Bradley Jones

His Birthplace [illegible]

Maiden Name of Mother Millie Hussey

Her Birthplace [illegible]

Motor / Ship Remains to [illegible]

Size and Style of Casket [illegible] (State Color) [illegible]

Manufactured by [illegible] Co.

Interment at Glendale ........ Cemetery / Crematory

Diagram of Lot or Vault

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

| Item | $ |
|---|---|
| Complete Funeral | 176 |
| Casket ........ | |
| Metallic Lining ........ | |
| Outside Box (State Kind) [illegible] | |
| Burial Vault ........ (State Kind) | |
| Embalming Body ........ with ........ (State Kind) Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body ........ | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ (State Color) Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from ........ | |
| Taking Remains to ........ | |
| Trip to Coroner's Inquest | |
| Delivering Box to ........ | |
| Deliver Flowers to ........ | |
| Removal Charges ........ | |
| Procuring Burial Permit ........ (State Relation and Number) | |
| ........ Certif. Copies of Death Certificates No. ........ (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service ........ | |
| ........ | |
| Outlay for Lot ........ | 33 |
| Cremation ........ | |
| ........ line Death Notices in ........ Papers (Names of Newspapers) | [illegible] |
| Flowers, $ ........ Palms, $ 2 ........ Matting, $ | 2 |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb ........ | |
| Lining Grave, $ ........ Lowering Device, $ 2 | 2 |
| Outlay for Shipping Charges ........ | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor Tickets, $ ........ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges ........ | |
| Cash Advanced ........ | |
| Out of town Undertaker's Charges | |
| Sales Tax ........ | |
| ........ | |
| Total Footing of Bill | 234 |
| Less ........ | |
| Balance ........ | 234 |

Entered into Ledger, page ........ or below.

| To Funeral Charges ........ Total, $ | By Cash $ |
|---|---|
| | [illegible] 1934 |

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ........ (Print Name of Funeral Director.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. [illegible] Date [illegible]

Name of Deceased [illegible] (Single — Married — Divorced) [illegible] (What State) (Where Born)

Residence of Deceased [illegible] Widower — Wife — Widow of [illegible]

Charge to [illegible]

Address [illegible]

Order given by [illegible]

How Secured ........

Occupation of Deceased [illegible]

Name of Employer ........

Address ........

Date of Death [illegible] (Date) (Hour)

Date of Birth [illegible]

Age [illegible] (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour)

Services at [illegible]

Clergyman [illegible]

His Address ........

Religion of the Deceased ........

Resided in the State ........ (or U. S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes ........

Certifying Physician [illegible] (or Coroner)

His Address ........

Name of Father [illegible]

His Birthplace ........

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship Remains to [illegible]

Size and Style of Casket [illegible] (State Color)

Manufactured by [illegible]

Interment at [illegible] Cemetery / Crematory

Lot No. [illegible]

Grave No. [illegible]

Section No. [illegible]

Owner ........

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 23[illegible] |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) [illegible] | |
| Burial Vault (State Kind) | |
| Embalming Body ........ with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from [illegible] | 1[illegible] |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| 2 Certif. Copies of Death Certificates No. | 4[illegible] |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ........ line Death Notices in ........ Papers (Names of Newspapers) | 6[illegible] |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb | 3[illegible] |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay Shipping Charges | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor Tickets, $ ........ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| [illegible] | 6[illegible] |
| Total Footing of Bill | 29[illegible] |
| Less | |
| Balance | 29[illegible] |

Entered into Ledger, page ........ or below.

| To Funeral Charges ... Total, $ | | By Cash | $ |
|---|---|---|---|
| | | [illegible] | |

Insurance $ ........ Name of Lodges [illegible] Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to ........ maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEDERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ................ Yearly No. 56 Date Dec. 10th 192[illegible]

Name of Deceased Samuel Brown (Single — Married — Divorced) Colored (What Race) M. (What Sex)

Residence of Deceased 273 James St. 2nd fl. Husband — Wife — Widow of James Brown

Charge to James L. Brown wife

Address 273 James St. 2nd fl.

Order given by Wife

How Secured Contract

Occupation of Deceased Auto salesman

Name of Employer Clinton Motor

Address

Date of Death 12-24-1921 (Date) (Hour)

Date of Birth 1888

Age 34 (Years) (Months) Days

Date of Funeral 12-25-21 Sat. 2 P. M. (Date) (Day of Week) Hour

Services at Funeral Home

Clergyman Rev. Tompkins

His Address

Religion of the Deceased Baptist

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death New York City Hosp.

Cause of Death [illegible]

Contributory Causes Syphilis

Certifying Physician Hosp. staff (or Coroner)

His Address

Name of Father William L. Brown

His Birthplace Va.

Maiden Name of Mother Pamela [illegible]

Her Birthplace Va.

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] half couch (Trade Color) [illegible] plush [illegible] gray [illegible]

Manufactured by [illegible]

Interment at Pinelawn { Cemetery / Crematory

| Complete Funeral | $ 225 |
|---|---|
| Casket | |
| Metallic Lining | |
| Outside Box (Name Kind) plain painted grey (Name Kind) | |
| Burial Vault | |
| Embalming Body with (Name Kind) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ Slippers, $ | |
| Folding Chairs, $ (State Color) Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| ....Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 20 |
| Cremation | |
| line Death Notices in Papers | |
| Flowers, $ (Name of Newspapers) Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 250 |
| Less | $ |
| Balance | $ 250 |
| Entered into Ledger, page or below. | |

Lot No.

Grave No. 321

Section No. 27

Owner

Diagram of Lot or Grave

To Funeral Charges....Total, $

By Cash $

Paid Mar. 5 [illegible]

Insurance $ Names of Lodges. Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness Address

# RECORD OF FUNERAL

Yearly No. 87 Date Dec. 18th 1938

...eceased Charles Ralph Jones (Single — Married — Divorced) Colored (What Race)

...Deceased 136 Banbury St. (Husband — Wife — Widow) ... son of Chas. B. Jones

...Chas. B. Jones — mother

...136 Banbury St.

...mother (or Informant)

...of Deceased Slipper

...ployer ...

...h Oct. 20th, 1937 (Date) (Year)

...Friday Dec. 18th 1938

...8 (Years) 7 (Months) ... (Days)

...ral ... (Date) (Day of Week) 1:30 P.M. (Hour)

...Baptist Church

... Rev. Tuckle

...e Deceased

...e State (in U. S. or City or County) (Years) (Months)

...h St. Michael's Hosp.

...h [illegible]

...Causes ... Hypertensive

...ysician ... (or Coroner)

...Chas. B. Jones

...of Mother Bertha ...

...s to ... Bloomfield, N.J.

...of Casket ... (State Color)

... by ...

... Glendale {Cemetery / Crematory}

...Outer Vault

Lot No. ...

Grave No. ...

Section No. ...

Owner ...

| Item | $ | |
|---|---|---|
| Complete Funeral | $ 170 | |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with (State Kind) ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ ... (State Color) Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Name) | | |
| ... Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| ... line Death Notices in ... Papers (Names of Newspapers) | 35 | |
| Flowers, $ ... Palms, $ ... Matting, $ | 5 | |
| Rental of Tent, $ ... of Temporary Vault, $ | 2 | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Lowering Device, $ | 2 | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ 234 | |
| Less | $ | |
| Balance | $ 234 | |

Entered into Ledger, page ... or below.

| To Funeral Charges ... Total, $ | | By Cash | $ |
|---|---|---|---|
| | | [illegible] | |

Names of Lodges ... Insurance Companies ...

...the above Funeral, and I hereby represent that I have sufficient resources legally available to ... (Firm Name of Funeral Director)

...aforesaid sum, and I hereby consent and agree to pay the same within ... days from date. Interest to accrue from date of ...

Signed

Address

Compiled by F. J. WEIDEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. .......... Yearly No. 56 .......... Date Dec. 10th 19

Name of Deceased Samuel Brown (Single—Married—Divorced) Colored (What Race) (Where Born)

Residence of Deceased #73 James St. 2nd fl. Husband—Wife—Father of James Brown

Charge to Minnie L. Brown wife

Address 273 James St. 2nd fl.

Order given by Wife

How Secured

Occupation of Deceased Auto mechanic

Name of Employer

Address

Date of Death Oct. 24th 1935 (Date) (Hour)

Date of Birth 1904

Age 31 (Years) (Months) (Days)

Date of Funeral 10-26-35 Sat. (Day of Week) 2 P.M. (Hour)

Services at Funeral Home

Clergyman Rev. Tompkins

His Address

Religion of the Deceased Baptist

Resided in the State (of U. S. or City or County) (Years) (Months)

Place of Death Welf. Is. City Hosp.

Cause of Death T. B.

Contributory Causes Syphilis

Certifying Physician Hosp. staff (or Coroner)

His Address

Name of Father Mack Brown

His Birthplace Va.

Maiden Name of Mother Sylvania

Her Birthplace Va.

Motor/Ship Remains to

Size and Style of Casket (State Color)

Manufactured by N. Y. C. Co.

Interment at Rosehill { Cemetery / Crematory

Lot No.

Grave No. 521

Section No. 24

Owner

Diagram of Lot or Grave

| | |
|---|---|
| Complete Funeral | $ 225 |
| Casket | |
| Metallic Lining | |
| Outside Box pine painted grey (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Belt or Dress, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificate No. | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| ....line Death Notices in ....Papers | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 250 |
| Loss | $ |
| Balance | $ 250 |
| Entered into Ledger, page ....or below. | |

| To Funeral Charges....Total, $ | By Cash $ |
|---|---|
| | Paid Nov. 5 '35 |

Insurance ........ Name of Ledger ........ Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Return it to

Signed

Witness ........ Address

# RECORD OF FUNERAL

Total No. ........ Yearly No. 87 Date Dec. 10th 1931

Name of Deceased Charles Ralph Jones (Single—Married—Divorced) Colored (What Race) (Where Born)

Residence of Deceased 136 Newbury St. [illegible] Husband—Wife—Widow—or son of Chas. B. Jones

Charge to Mrs. Chas. B. Jones — mother

Address 136 Newbury St. [illegible]

Order given by Mother (or informant)

How Secured Contact

Occupation of Deceased Shipper

Name of Employer [illegible] Co.

Address

Date of Death Dec. 8th 1931 (Date) (Hour)

Date of Birth March 1st 1907

Age 24 (Years) 7 (Months) 16 (Days)

Date of Funeral 12-12-31 (Date) (Day of Week) 1:30 P.M. (Hour)

Services at Union Bapt. [illegible]

Clergyman Rev. Tuckett

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death St. Michael Hosp.

Cause of Death Rheumatic Cardiac

Contributary Causes Hypertensive

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father Chas. Bradley Jones

His Birthplace [illegible]

Maiden Name of Mother Mattie Hardy

Her Birthplace [illegible]

Ship Remains to Bloomfield [illegible]

Make and Style of Casket [illegible] (State Color)

[illegible]

Manufactured by [illegible] Co.

Interment at Glendale (Cemetery / Crematory)

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | Amount |
| --- | --- |
| Complete Funeral | $ 170 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) [illegible] | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and Date) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 35 |
| Cremation | |
| Line Death Notices in (Name of Newspaper) Papers | 5 |
| Flowers, $ Palms, $ 2 Matting, $ | 2 |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ 2 | 2 |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 234 |
| Less | $ |
| Balance | $ 234 |

Entered into Ledger, page ...... or below.

To Funeral Charges ...... Total, $

By Cash $

Rec'd [illegible] 12-15-1931 C. C.

Insurance $ Name of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ...... Address

Compiled by F. J. FRIDEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 89 Date Dec. 10th 1938

Name of Deceased Sara Pogan (Single, Married, Divorced) Colored (What Race) Va. (Where Born)

Residence of Deceased ........ Husband's, Wife's, Wife's { Ray Pogan

Charge to Mr. and [illegible]

Address [illegible]

Order given by

How Secured

Occupation of Deceased Domestic

Name of Employer

Address

Date of Death Nov. 10th 1938 (Date) (Hour)

Date of Birth May, 1899

Age 39 (Years) (Months) (Days)

Date of Funeral 11-14-38 Mon. 2. P.M. (Date) (Day of Week) (Hour)

Services at [illegible]

Clergyman Rev. T. T. [illegible]

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Harlem Hosp.

Cause of Death [illegible]

Contributory Causes

Certifying Physician Med. Ex. N.Y.C. (or Coroner)

His Address

Name of Father Henry Williams

His Birthplace Va.

Maiden Name of Mother [illegible]

Her Birthplace Va.

(Notice) Remains to [illegible]

Size and Style of Casket half couch octagon (State Color) [illegible] silver gray

Manufactured by [illegible] C. Co.

Interment at [illegible] (Cemetery / Crematory)

Lot No. ........

Grave No. 427

Section No. 24

Owner ........

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | |
| Casket | 175 |
| Metallic Lining | |
| Outside Box (State Kind) pine painted gray | |
| Burial Vault (State Kind) | |
| Embalming Body ........ with (State Kind) ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ (State Color) ........ Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| 2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | 1 |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| ........ line Death Notices in ........ Papers (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ........ Lowering Device, $ 2 | 2 |
| Outlay for Shipping Charges | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 203 |
| Less | |
| Balance | 203 |

Entered into Ledger, page ........ or below.

To Funeral Charges ........ Total, $

By Cash $

Paid Nov. 25th 1938 O. P. P.

Insurance $ ........ Name of Lodges ........ Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum. (Firm Name of Funeral Director)

Witness ........ Signed ........ Address

Furnished by P. J. WEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 56 Date Dec. 1931

Name of Deceased Samuel Brown (Single—Married—Divorced) Colored (White Race) (Where Born)

Residence of Deceased 223 James St. 2nd fl. (Husband—Wife—Widow) of James Brown

Charge to Jennie Brown wife

Address 223 James St. 2nd fl.

Order given by wife

How Secured Contact

Occupation of Deceased

Name of Employer

Address

Date of Death Dec. 24th 1931 (Date) (Hour)

Date of Birth 1895

Age 36 (Years) (Months) (Days)

Date of Funeral 12-26-31 Sat. 2 P.M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Rev. Tompkins

His Address

Religion of the Deceased Baptist

Resided in the State (in U.S. or City or County) (Years) (Months)

Place of Death

Cause of Death T.B.

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Brown

His Birthplace

Maiden Name of Mother

Her Birthplace

Relationship } Remains to

Size and Style of Casket

Manufactured by

Interment at Rosehill { Cemetery / Crematory

Lot No. 1

Grave No. 321

Section No. 24

Owner

Diagram of Lot or Vault

| | |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... (State Color) Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ... line Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |
| Entered into Ledger, page ... or below. | |

| To Funeral Charges ... Total, $ | | By Cash ... | $ |
|---|---|---|---|

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest ... maturity at the rate of 6% per annum.

Signed

Witness ... Address

# RECORD OF FUNERAL

Total No. ...... Yearly No. 58 ...... Date Dec. 19 ...... 19..

Name of Deceased John [illegible] (Single—Married—Divorced) [illegible] (What Race) [illegible] (Where Born)

Residence of Deceased 48 [illegible] st 3rd (Widower—Widow—Wife)

Charge to [illegible]

Address 48 [illegible] St. [illegible]

Order given by [illegible]

How Secured

Occupation of Deceased [illegible]

Name of Employer

Address

Date of Death [illegible] 28th 1935 (Date) 1.30 (Hour)

Date of Birth Aug. 28th 1872

Age 63 (Years) 2 (Months) (Days)

Date of Funeral 11 [illegible] (Date) [illegible] (Day of Week) 2 P.M. (Hour)

Services at [illegible]

Clergyman [illegible]

His Address

Religion of the Deceased Catholic

Resided in the State (in U.S. or City or County) (Years) (Months)

Place of Death [illegible] City Hosp.

Cause of Death [illegible]

Contributory Causes

Certifying Physician Hosp. Staff (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] (State Color) [illegible]

Manufactured by

Interment at [illegible] (Cemetery / Crematory)

Lot No. 5

Grave No. 77

Row / Section No. 18

Owner

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 65 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box [illegible] (State Kind) | 13 |
| Burial Vault (State Kind) | |
| Embalming Body ...... with ...... Fluid | 10 |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ ...... Slippers, $ | |
| Folding Chairs, $ ...... (State Color) Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ 12 ...... Ambulance, $ | 12 |
| Limousines to Cemetery 1 @ $ 15 | 15 |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from City Hosp. | 3 |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| ...... Certif. Copies of Death Certificates No. (State Number and Disposition) | |
| Pall Bearer Service, $ ...... Use of Chapel, $ (State Physician's or Coroner's) | |
| Personal Service | |
| Outlay for Lot | 15 |
| Cremation | |
| Ins. Death Notices in ...... Papers (Names of Newspapers) | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ...... Lowering Device, $ 2 | 2 |
| Outlay for Shipping Charges | |
| Clergyman, $ 5 ...... Singers, $ ...... Organist, $ | 5 |
| Railroad or Motor } Tickets, $ ...... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | [illegible] |
| Less | |
| Balance | 13[illegible] |

Entered into Ledger, page ...... or below.

To Funeral Charges ...Total, $ ...... By Cash $

Insurance $ ...... Names of Lodges [illegible] ...... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest [illegible] maturity at the rate of 6% per annum.

Signed

Witness ...... Address

Compiled by F. J. PECKEMAN, St. Louis, Mo.

Total No. ...

Name of Deceased

Residence of Deceased

Charge to [illegible]

Address

Order given by

How Secured

Occupation of Deceased

Name of Employer

Address

Date of Death

Date of Birth

Age

Date of Funeral

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State

Place of Death

Cause of Death

Contributory Causes

Certifying Physician

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket

Manufactured by

Interment at

Diagram of Lot or Vault

To F[illegible]

Insurance $

I hereby authorize the above

for the payment of aforesaid sum

maturity at the rate of 6%

Witness

# RECORD OF FUNERAL

Yearly No. 89 Date Dec. 10th 1938

...ed Sara Fagan (Single—Married—Divorced) Colored (What Race) Ga. (Where Born)

...eceased (Husband—Wife—Wife) Clay Fagan

... Williams ...

...

...eceased Domestic

Nov. 10th 1938

May 1892

11-4-38 ... 2 P.M. (Date) (Day of Week) (Hour)

... Church ...

Rev. T. T. ...

...eceased

...ate (in U.S. or City or County) (Years) Months

... (Years) (Months)

...an ... M.D. ... or Coroner

... Henry Williams

... Ga.

Mother Annie ...

... Ga.

Casket half couch octagon (State Color)

... gray

...

... { Cemetery / Crematory }

Lot No.

Grave No. 427

Section No. 34

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral: | | |
| Casket | 175 | |
| Metallic Lining (State Kind) | | |
| Outside Box ... (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ...... with ...... Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ...... Hose, $ | | |
| Suit or Dress, $ ...... Slippers, $ | | |
| Folding Chairs, $ ...... Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Spray, $ ...... Gloves, $ | | |
| Funeral Car, $ ...... Ambulance, $ | | |
| Limousines to Cemetery ...... @ $ | | |
| Autos to R. R. Station ...... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| 2 Certif. Copies of Death Certificates No. | 1 | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 25 | |
| Cremation | | |
| ... line Death Notices in ...... Papers (Names of Newspapers) | | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | | |
| Rental of Tent, $ ...... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ...... Lowering Device, $ 2 | 2 | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | |
| Railroad or Motor Tickets, $ ...... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ 203 | |
| Less | $ | |
| Balance | $ 203 | |
| Entered into Ledger, page ...... or below. | | |

...o Funeral Charges ...... Total, $

By Cash $

Paid Nov. 28th 1938 ...

Names of Lodges

Insurance Companies

...e above Funeral, and I hereby represent that I have sufficient resources Legally available to ...

...oresaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from ... of 6% per annum.

(Trade Name of Funeral Director)

Signed

Address

# RECORD OF FUNERAL

Total No. ........ Yearly No. 58 ........ Date Dec. 19th ........ 19..

Name of Deceased John Langford ........ (State if Infant—Stillborn) ........ (Wife) (Husband)

Residence of Deceased 48 Vandeport St. ........

Charge to Mrs. ........

Address 48 Vandeport St. ........

Order given by ........ Langford ........

How Secured ........

Occupation of Deceased W.P.A. Laborer

Name of Employer ........

Address ........

Date of Death Dec. 28th 1938 1.30 A.M. (Date) (Hour)

Date of Birth Aug. 28th 1877 ........

Age 61 (Years) 2 (Months) (Days)

Date of Funeral ........ (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman ........

His Address ........

Religion of the Deceased Catholic

Resided in the State ........ (or U.S. or City or County) (Years) (Months)

Place of Death W. City Hosp.

Cause of Death ........

Contributory Causes ........

Certifying Physician Hosp. Staff (or Coroner)

H. Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Motor / Ship } Remains to ........

Size and Style of Casket ........ (State Color)

........

Manufactured by ........

Interment at ........ { Cemetery / Crematory }

Plot No. 5

Grave No. 37

Section No. 18

Owner ........

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 65 |
| Casket | |
| Metallic Lining | |
| Outside Box ........ (State Kind) | 15 |
| Burial Vault (State Kind) | |
| Embalming Body ........ with ........ (State Kind) Fluid | 10 |
| Barber, $ ........ Hair Dressing, $ ........ | |
| Dressing Body | |
| Underwear, $ ........ Hose, $ ........ | |
| Suit or Dress, $ ........ (State Color) Slippers, $ ........ | |
| Folding Chairs, $ ........ Tarpaulin, $ ........ | |
| Candelabrum, $ ........ Candles, $ ........ | |
| Door Spray, $ ........ Gloves, $ ........ | |
| Funeral Car, $ 15 Ambulance, $ ........ | 15 |
| Limousines to Cemetery 1 @ $ 10 | 15 |
| Autos to R. R. Station ........ @ $ ........ | |
| Getting Remains from City Hosp. | 5 |
| Taking Remains to ........ | |
| Trip to Coroner's Inquest | |
| Delivering Box to ........ | |
| Deliver Flowers to ........ | |
| Removal Charges ........ | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. ........ (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ ........ | |
| Personal Service | |
| Outlay for Lot | 15 |
| Cremation | |
| ........ line Death Notices in ........ Papers (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ ........ | |
| Rental of Tent, $ ........ of Temporary Vault, $ ........ | |
| Opening of Grave or Tomb ........ | |
| Lining Grave, $ ........ Lowering Device, $ ........ | 2 |
| Outlay for Shipping Charges ........ | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ ........ | 3 |
| Railroad or Motor } Tickets, $ ........ Aeroplane Service, $ ........ | |
| Telegr., Phone, Cable or Radio Charges ........ | |
| Cash Advanced | |
| Out of town Undertaker's Charges ........ | |
| Sales Tax ........ | |
| Total Footing of Bill | 150 |
| Less | |
| Balance | 150 |

Entered into Ledger, page ........ or below.

| To Funeral Charges ........ Total, $ | | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance $ ........ Name of Lodge ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 89 ........ Date Dec. 10th 1938

Name of Deceased Sara Fogan (Single—Married—Divorced) Colored (What Race) Ga. (Where Born)

Residence of Deceased ........ Husband—Wife—Wid's Clay Fogan

Charge to Mrs. Annie Williams

Address [illegible]

Order given by ........

How Secured ........

Occupation of Deceased Domestic

Name of Employer ........

Address ........

Date of Death Nov. 18th 1938

Date of Birth May 1899

Age 39

Date of Funeral 11/14/38 Mon. 2 P.M.

Services at Union Bapt. Ch. [illegible]

Clergyman Rev. T. T. [illegible]

His Address ........

Religion of the Deceased ........

Resided in the State ........

Place of Death Harlem Hosp.

Cause of Death [illegible] pneumonia

Contributory Causes ........

Certifying Physician Med. Ex. N.Y.C.

His Address ........

Name of Father Henry Williams

His Birthplace Ga.

Maiden Name of Mother Jennie Campbell

Her Birthplace Ga.

Remains to [illegible]

Size and Style of Casket half couch octagon [illegible] silver gray

Manufactured by [illegible]

Interment at Woodlawn (Cemetery / Crematory)

Lot No. ........

Grave No. 427

Section No. 24

Owner ........

| Complete Funeral | $ 175 |
|---|---|
| Casket | |
| Metallic Lining | |
| Outside Box, pine painted gray | |
| Burial Vault | |
| Embalming Body with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| 2 Certif. Copies of Death Certificate No. | 1 |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| Line Death Notices in ........ Papers | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ........ Lowering Device, $ 2 | 2 |
| Outlay for Shipping Charges | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor Tickets, $ ........ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 203 |
| Less | |
| Balance | 203 |

Entered into Ledger, page ........ or below.

To Funeral Charges . Total, $ ........ | By Cash $

Paid Dec. 10th 1938 O.P.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to pay for the payment of advanced sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 91 ........ Date Nov. 11th ........ 19..

Name of Deceased ...... Thelma ...... (Single — Married — Divorced) ...... Colored ...... (When Born) ...... (Where Born)

Residence of Deceased 10 Monmouth St. Apt. 15 ...... Husband—Wife—Widow ...... daughter ...... Mrs. Beatrice Saunders

Charge to Mrs. Beatrice Saunders

Address 80 Monmouth St. Apt. 15

Order given by Mother (Relationship)

How Secured family undertaker

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death Nov. 11th ...... (Date) ...... (Hour)

Date of Birth ........

Age ........ (Years) (Months) (Days)

Date of Funeral ...... (Date) (Day of Week) 2 P.M. (Hour)

Services at funeral home

Clergyman Rev. David Brown

His Address ........

Religion of the Deceased ........

Resided in the State ...... (or U.S. or City or County) (Years) (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ...... (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Motor / Ship } Remains to ........

Size and Style of Casket octagon end, half couch ...... (Name Color)

Manufactured by ........

Interment at ...... { Cemetery / Crematory }

Diagram of Lot or Vault

Plot No. 3

Grave No. 43

Section No. 20

Owner ........

| | | |
|---|---|---|
| Complete Funeral | $ 200 | |
| Casket | | |
| Metallic Lining ...... (State Kind) | | |
| Outside Box June painted gray (State Kind) | | |
| Burial Vault ........ | | |
| Embalming Body ...... with ...... (State Kind) Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ...... Hose, $ | | |
| Suit or Dress, $ ...... Slippers, $ ...... (State Color) | | |
| Folding Chairs, $ ...... Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Spray, $ ...... Gloves, $ | | |
| Funeral Car, $ 10 ...... Ambulance, $ | 10 | |
| Limousines to Cemetery ...... @ $ | | |
| Autos to R. R. Station ...... @ $ | | |
| Getting Remains from ........ | | |
| Taking Remains to ........ | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to ........ | | |
| Deliver Flowers to ........ | | |
| Removal Charges ........ | | |
| Procuring Burial Permit ...... (State Number and District) | | |
| 2 Certif. Copies of Death Certificates No. ...... (State Physician's or Coroner's) | 1 | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot ........ | 20 | |
| Cremation ........ | | |
| ...... Death Notices in ...... Papers (Names of Newspapers) | 2 | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | 3 | |
| Rental of Tent, $ ...... of Temporary Vault, $ | | |
| Opening of Grave or Tomb ........ | | |
| Lining Grave, $ ...... Lowering Device, $ 2 | 2 | |
| Outlay for Shipping Charges ........ | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | |
| Railroad or Motor } Tickets, $ ...... Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced ........ | | |
| Out of town Undertaker's Charges ........ | | |
| Sales Tax ........ | | |
| Total Footing of Bill | $ 267 | |
| Less ........ | $ | |
| Balance ........ | $ 267 | |
| Entered into Ledger, page ...... or below. | | |

To Funeral Charges ...... Total, $

By Cash $

Insurance $ ...... Names of Lodges ...... Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Firm Name of Funeral Director)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No.................. Yearly No. 88 Date... Dec. 19[illegible]

Name of Deceased..... John Langford (Name—Given—Surname) [illegible] (Wage Rate)

Residence of Deceased 48 Landsgrove St. [illegible]

Charge to [illegible]

Address 48 Landsgrove St. [illegible]

Order given by.... [illegible] (Langford) [illegible] (In relationship)

How Secured

Occupation of Deceased [illegible]

Name of Employer

Address......

Date of Death Oct. 29th 1888 1.20 (Date) (Hour)

Date of Birth Aug. 28th 1875

Age 23 2 1 (Years) (Months) (Days)

Date of Funeral 11.1.88 [illegible] 2 P.M. (Date) (Day of Week) (Hour)

Services at... Funeral Home

Clergyman..... Funeral

His Address

Religion of the Deceased Catholic

Resided in the State.... (or U.S. or City or County) (Years) (Months)

Place of Death [illegible] City Hosp.

Cause of Death... [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address......

Name of Father:......

His Birthplace

Maiden Name of Mother

Her Birthplace

Mother / Ship } Remains to... [illegible]

Size and Style of Casket [illegible] (State Color)
[illegible]

Manufactured by......

Interment at [illegible] { Cemetery / Crematory

Diagram of Lot or Tomb

Lot No.... 3

Grave No.... 77

Row / Section No. 18

Owner

Complete Funeral

Casket

Metallic Lining....

Outside Box [illegible] (State Kind)

Burial Vault...... (State Kind)

Embalming Body .....with.......Flu[illegible] (State Kind)

Barber, $ ..... Hair Dressing, $

Dressing Body..........

Underwear, $.......... Hose, $

Suit or Dress, $ (State Color) ....... Slippers, $

Folding Chairs, $ .... Tarpaulin, $

Candelabrum, $ ...... Candles, $

Door Spray, $ ........ Gloves, $

Funeral Car, $ 15 ..... Ambulance, $ ....

Limousines to Cemetery 2 @ $ 10

Autos to R. R. Station @ $

Getting Remains from City Hosp.

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to..

Deliver Flowers to..

Removal Charges...........

Procuring Burial Permit...... (State Number and District)

...Certif. Copies of Death Certificates No..... (State Physician's or Coroner's)

Pall Bearer Service, $ Use of Chapel, $

Personal Service...

Outlay for Lot.........

Cremation...........

line Death Notices in.... Papers (Names of Newspapers)

Flowers, $ ..... Palms, $ .... Matting, $

Rental of Tent, $ .... of Temporary Vault, $

Opening of Grave or Tomb ......

Lining Grave, $ ...... Lowering Device, $ 2

Outlay for Shipping Charges......

Clergyman, $ ...... Singers, $ .... Organist, $

Railroad or Motor } Tickets, $ ...... Auto-plane Service, $

Teleg., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Sales Tax

Total Footing of Bill..

Less..

Balance

Entered into Ledger, page...... or below.

| | To Funeral Charges | Total, $ | | By Cash |
|---|---|---|---|---|
| | | | | |

Insurance $ Name of Lodge [illegible] Insurance Company

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.......... days from date. [illegible] maturity at the rate of 6% per annum.

Signed

Witness ........ Address

Compiled by F. J. FRISEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 78

Date Aug. 11th 1938

Name of Deceased Linda Ross (Single — Married — Widowed)

Residence of Deceased 127 Monmouth St.

Charge to Mrs. Linda Ross Kapner

Address 127 Monmouth St. 3rd fl.

Order given by Daughter (or informant)

How Secured ..............

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death 8/11th 1938 (Date) (Hour)

Date of Birth Dec. 4th 1887

Age 50 (Years) 16 (Months) 7 (Days)

Date of Funeral 11 14th (Date) (Day of Week) (Hour) 11 M.

Services at Church of the Angels Guardian

Clergyman [illegible]

His Address

Religion of the Deceased Catholic

Resided in the State (of U. S. or City or County) (Years) (Months)

Place of Death [illegible] Hosp.

Cause of Death [illegible]

Contributory Causes

Certifying Physician Dr. [illegible] (or Coroner)

His Address

Name of Father [illegible]

His Birthplace N.J.

Maiden Name of Mother Sarah

Her Birthplace Holland

Motor / Ship } Remains to Wilmington, N.J.

Size and Style of Casket [illegible] (State Color) steel grey

Manufactured by [illegible]

Interment at Holy Cross { Cemetery / Crematory

Plot Lot No. 3

Grave No. ......

Section No. C

Owner [illegible]

Diagram of Lot or Vault

To Funeral Charges ... Total, $

| | | $ |
|---|---|---|
| (What Race) (Where from) | | |
| Husband — Wife — Widow — of [illegible] | | |
| Complete Funeral | | 192 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) [illegible] grey | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with (State Kind) ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ ... Slippers, $ | | |
| Folding Chairs, $ (State Color) ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from [illegible] | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | 37 |
| Cremation | | |
| Line Death Notices in ... Papers (Names of Newspapers) | | 2 |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor } Tickets, $ ... Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| [illegible] | | 15 |
| Total Footing of Bill | | $ 236 |
| Less | | $ |
| Balance | | $ 236 |
| Entered into Ledger, page ... or below. | | |

By Cash ... $

Insurance $ ...... Names of Lodges ...... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum. (Firm Name of Funeral Director.)

Witness ...... Signed ...... Address ......

Compiled by F. J. FEINEMAN, St. Louis, Mo.


Total No.
Name of Deceased
Residence of Deceased
Charge to
Address
Order given by
How Secured
Occupation of Dece
Name of Employer
Address
Date of Death
Date of Birth
Age
Date of Funeral
Services at
Clergyman
His Address
Religion of the Dece
Resided in the State
Place of Death
Cause of Death
Contributory Causes
Certifying Physician
His Address
Name of Father
His Birthplace
Maiden Name of M
Her Birthplace
Motor Ship } Remains to
Size and Style of C
Manufactured by
Interment at
Diagram of Lot or Vault
Insurance $
I hereby authorize the
for the payment of afo
maturity at the rate of
Witness

# RECORD OF FUNERAL

Yearly No. 71 Date [illegible] 19[illegible]

...me [illegible] (Single—Married—Divorced) [illegible] (What Race) [illegible] (Where Born)

...ceased [illegible] Husband—Wife—Widow or Daughter [illegible]

...[illegible]

...ceased

...er

...Date ... Hour

...ial ... (Date) (Day of Week) ... (Hour) 2 P.M.

...Deceased

...ate (or U. S. or City or County) (Years) (Months)

...essen

...man (or Coroner)

...f Mother

...Casket ... (State Color)

(Cemetery / Crematory)

Plot No. 3

Grave No. 47

Section No. 21

Owner

| | |
|---|---|
| Complete Funeral | $ 200 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... (State Color) Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ 10 ... Ambulance, $ | 10 |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | 1 |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 50 |
| Cremation | |
| ... line Death Notices in ... (Names of Newspapers) Papers | 2 |
| Flowers, $ ... Palms, $ ... Matting, $ | 2 |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | 2 |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Aero-plane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 267 |
| Less | $ |
| Balance | $ 267 |
| Entered into Ledger, page ... or below. | |

To Funeral Charges ... Total, $

By Cash $

Names of Lodges

Insurance Companies

...the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors)

...aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from ...e of ...% per annum.

Signed

Address

# RECORD OF FUNERAL

Total No. ........ Yearly No. 78 ........ Date ........ 19..

Name of Deceased ........ (Single — Married — Widowed) ........ (What Race) ........ (Where Born)

Residence of Deceased 27 Monmouth St. ........ Husband — Wife — Widow ........ of ........

Charge to ........

Address 127 Monmouth St., 2nd fl.

Order given by ........ (Informant)

How Secured

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death ........ (Date) ........ (Hour)

Date of Birth ........

Age 51 (Years) 10 (Months) 7 (Days)

Date of Funeral ........ (Date) ........ (Day of Week) ........ (Hour) 11 M

Services at ........ Church

Clergyman ........

His Address ........

Religion of the Deceased Catholic

Resided in the State ........ (or U. S. or City or County) (Years) (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Motor / Ship } Remains to ........

Size and Style of Casket ........ (State Color) ........ steel gray

Manufactured by ........

Interment at Holy Cross ........ { Cemetery / Crematory

(Diagram of Lot or Vault)

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

| | |
|---|---|
| Complete Funeral | $ 180 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) ........ gray (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ (State Color) ........ Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from ........ | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Receiving Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 54 |
| Cremation | |
| ... Ins Death Notices in ... Papers (Names of Newspapers) | 2 |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| ........ | 10 |
| Total Footing of Bill | $ 276 |
| Less | $ |
| Balance | $ 276 |
| Entered into Ledger, page ........ or below. | |

| To Funeral Charges ........ Total, $ | | By Cash ........ $ |
|---|---|---|

Insurance? ........ Name of Lodge ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FRINKMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ....  Yearly No. 71  Date [illegible] 19 38

Name of Deceased Thelma [illegible] (Single—Married—Divorced)  [illegible] (What Race)  [illegible] (Where Born)

Residence of Deceased [illegible] St. Apt. 15  Husband—Wife—Widow—Widower—Daughter: Mrs. Beatrice Saunders

Charge to Mrs. Beatrice Saunders

Address [illegible] St. Apt. 15

Order given by Mother (or informant)

How Secured family undertaker

Occupation of Deceased

Name of Employer

Address

Date of Death Mar. 11th 1938 (Day) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral [illegible] (Date) Wed. (Day of Week) 2 P.M. (Hour)

Services at funeral home

Clergyman Rev. [illegible]

His Address

Religion of the Deceased

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Remains to

Size and Style of Casket [illegible] half couch white [illegible] (State Color)

Manufactured by [illegible] Co.

Interment at [illegible] (Cemetery / Crematory)

Plot No. 3

Grave No. 43

Section No. 20

Owner? [illegible]

(Sketch of Lot or Vault)

| Item | Amount |
|---|---|
| Complete Funeral | $ 200 |
| Casket | |
| Metallic Lining | |
| Outside Box [illegible] (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... with (State Kind) ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ (State Color) | |
| Candelabrum, $ ... Candles, $ | 1 |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ 10 ... Ambulance, $ | 10 |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| 2 Certif. Copies of Death Certificate No. | 1 |
| Pall Bearer Service, $ ... Use of Chapel, $ (State Photography or Contract) | |
| Personal Service | |
| Outlay for Lot | 30 |
| Cremation | |
| ... ing Death Notices in ... Papers (Names of Newspapers) | 2 |
| Flowers, $ ... Palms, $ 2 Matting, $ | 2 |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ 2 | 2 |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Auto-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 267 |
| Less | $ |
| Balance | $ 267 |
| Entered into Ledger, page .... or below. | |

| To Funeral Charges .... Total, $ | | By Cash | $ |
|---|---|---|---|
| | | [illegible] 1938 | |

Insurance $  Name of Lodge  Insurance Company [illegible] Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .......... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness  Address

Compiled by F. J. [illegible], St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 3 Date [illegible] 11 19[illegible]

Name of Deceased [illegible] Kay (Single—Married—Divorced) [illegible] (What Race) (Where Born)

Residence of Deceased Orange N.J. Husband—Wife—Widow

Charge to Miss [illegible] Kay: daughter

Address 290 Ogden St. Orange N.J.

Order given by

How Secured

Occupation of Deceased fireman

Name of Employer

Address

Date of Death Nov. 27th 1928 (Date) (Hour)

Date of Birth June 18th 1882

Age 46 (Years) 6 (Months) 9 (Days)

Date of Funeral 11-30-28 (Date) Wed (Day of Week) 1.30 (Hour)

Services at Residence

Clergyman

His Address

Religion of the Deceased Episcopalian

Resided in the State (at U.S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father [illegible] Kay

His Birthplace Va.

Maiden Name of Mother [illegible]

Her Birthplace Va.

Remains to Bloomfield N.J.

Size and Style of Casket 6'3" [illegible] panel (State Color) octagon end, [illegible] gray

Manufactured by N.J.C. Co.

Interment at Glendale (Cemetery / Crematory)

Lot No.

Grave No.

Section No.

Owner

(Diagram of Lot or Vault)

| Item | $ | |
|---|---|---|
| Complete Funeral | 205 | |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) [illegible] gray | | |
| Burial Vault (State Kind) | | |
| Embalming Body (State Kind) with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ (State Color) Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Charge) | | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 20 | |
| Cremation | | |
| Line Death Notices in Papers | 2 | |
| (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 227 | |
| Less | | |
| Balance | 227 | |

Entered into Ledger, page ...... or below.

To Funeral Charges ....Total, $

By Cash $

Paid Dec 3 1928 [illegible]

Insurance $ Names of Lodges Insurance Companies [illegible]

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of 6% per annum. (Firm Name of Funeral Director)

Signed

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 70 ............ Date [illegible]

Name of Deceased [illegible] (Single—Married—Divorced) ............ Colored (What Race)

Residence of Deceased 127 Monmouth St. ............ Husband—Wife—Widow [illegible]

Charge to Mrs [illegible] daughter

Address 127 Monmouth St. 1st fl.

Order given by [illegible]

How Secured ............

Occupation of Deceased housewife

Name of Employer ............

Address ............

Date of Death [illegible] (Date) (Hour)

Date of Birth Jan 4th 1887

Age 51 (Years) 10 (Months) 7 (Days)

Date of Funeral [illegible] 19th '38 (Date) Mon (Day of Week) 10 M (Hour)

Services at [illegible] of the Angels Church

Clergyman [illegible]

His Address ............

Religion of the Deceased Catholic

Resided in the State ............ (Years) (Months) (in U.S. or City or County)

Place of Death [illegible]

Cause of Death [illegible] pneumonia

Contributory Causes ............

Certifying Physician [illegible] (or Coroner)

His Address ............

Name of Father [illegible]

His Birthplace N.J.

Maiden Name of Mother Sarah [illegible]

Her Birthplace [illegible]

Motor / Ship } Remains to N. Arlington, N.J.

Size and Style of Casket [illegible] (State Color) [illegible] top, steel gray

Manufactured by [illegible]

Interment at Holy Cross { Cemetery / Crematory

Block / Lot No. 3

Grave No. ............

Section No. 5

New Owner ............ H

Diagram of Lot or Vault

| | |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining | |
| Outside Box [illegible] (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ...... with ...... (State Kind) | Fluid |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ ...... (State Color) Slippers, $ | |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousines to Cemetery ...... @ $ | |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from [illegible] | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| Use Death Notices in ...... Papers (Names of Newspapers) | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ...... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor Tickets, $ ...... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| [illegible] | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |
| Entered into Ledger, page ...... or below. | |

| To Funeral Charges ... Total, $ | | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance $ ............ Names of Lodges ............ Insurance Companies ............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ............ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ............ days from date. Interest after maturity at the rate of 6% per annum.

Signed ............

Witness ............ Address ............

Compiled by F. J. FREDEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. .......... Yearly No. 92 Date Nov. 17th 19[illegible]

Name of Deceased Jerry [illegible] (Single — Married — Divorced) [illegible] (White Race) [illegible] (Where Born)

Residence of Deceased 318 Halsted St. S.E. Husband—Wife—Widow [illegible] Albritton

Charge to Miss Susanna Albritton [illegible]

Address 318 Halsted St. 2nd fl. S.E.

Order given by Susanna Albritton

How Secured

Occupation of Deceased [illegible]

Name of Employer

Address

Date of Death Nov. 14th 1938 [illegible] (Date) (Hour)

Date of Birth Mar. 1st 1892

Age 42 (Years) 1 (Months) 5 (Days)

Date of Funeral 11-17-3[illegible] (Date) Thurs. (Day of Week) 1:30 P.M. (Hour)

Services at Clinton Memorial [illegible]

Clergyman Rev. J. C. Watson

His Address [illegible] St. [illegible]

Religion of the Deceased

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father Simon [illegible]

His Birthplace S.C.

Maiden Name of Mother [illegible] Mitchell

Her Birthplace S.C.

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible]

Manufactured by [illegible] Co.

Interment at Fairmount { Cemetery / Crematory

Lot No. S. R.

Grave No. 226

Row Section No. 13

Owner

Diagram of Lot or Vault

| | |
|---|---|
| Complete Funeral | $ 310 |
| Casket | |
| Metallic Lining | |
| Outside Box Chestnut (State Kind) [illegible] (Steel Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ..... with ..... Fluid | |
| Barber, $ ..... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ..... Hose, $ | |
| Suit or Dress, $ (State Color) ..... Slippers, $ | |
| Folding Chairs, $ ..... Tarpaulin, $ | |
| Candelabrum, $ ..... Candles, $ | |
| Door Spray, $ ..... Gloves, $ | |
| Funeral Car, $ ..... Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| ...Certif. Copies of Death Certificates No. (State Number and Description) | |
| Pall Bearer Service, $ (State Physician's or Coroner's) Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 59 |
| Cremation | |
| Line Death Notices in 1 Papers | 3 |
| Flowers, $ (Names of Newspapers) Palms, $ 2 Matting, $ | 2 |
| Rental of Tent, $ ..... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ✓ Lowering Device, $ ✓ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ | |
| Railroad or Motor } Tickets, $ ..... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 374 |
| Less | $ |
| Balance | $ 374 |
| Entered into Ledger, page ..... or below. | |

To Funeral Charges ..... Total $

By Cash $

# RECORD OF FUNERAL

Yearly No. ......  Date ......... 19...

...(Single—Married—Widowed)

...Husband—Wife—Widow—

...ased ... Orange, N.J.

...eceased ... Yellow

...Nov. 27th, 1928 ...

...June 18th, 1872 ...

...Deceased ... Episcopalian

...State ... (or U.S. or City or County) (Years) (Months)

...ician ...

...of Mother ...

...es to ...

...of Casket 6' 3" ...

...by ... M. J. C. Co.

... Glendale ... Cemetery / Crematory

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

| | |
|---|---|
| Complete Funeral | $ 205 |
| Casket ........ | |
| Metallic Lining ........ | |
| Outside Box ... (State Kind) | |
| Burial Vault ... (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... (State Color) Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and Date) | |
| ... Certif. Copies of Death Certificate No. ... (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot ... | 20 |
| Cremation ... | |
| ... line Death Notices in ... Papers (Names of Newspapers) | 2 |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb ... | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges ... | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced ... | |
| Out of town Undertaker's Charges | |
| Sales Tax ... | |
| Total Footing of Bill ... | $ 227 |
| Less ... | $ |
| Balance ... | $ 227 |
| Entered into Ledger, page ... or below. | |

To Funeral Charges ... Total $ ...

By Cash ... $

... Dec. 3 ...

Names of Lodges ...

Insurance Companies ...

... the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Your Name of Funeral Director) ... days from date. Interest to accrue from ...

... of aforesaid sum, and I hereby covenant and agree to pay the same within ...

... rate of 6% per annum.

Signed ...

Address ...

Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No.......... Yearly No. 92 Date [illegible] 19

Name of Deceased Jury Albritton (Single — Married — Divorced) [illegible] (What Race)

Residence of Deceased 318 Halsted St. S.E.

Charge to Miss Susanna Albritton daughter

Address 318 Halsted St. 2nd fl. S.E.

Order given by Susanna Albritton (or relatives)

How Secured

Occupation of Deceased domestic

Name of Employer

Address

Date of Death Nov. 14th 1938 11:10 P (Date) (Hour)

Date of Birth Mar. 1st 1895

Age 43 (Years) (Months) (Days)

Date of Funeral 11-17-38 (Date) (Day of Week) 1:30 P.M. (Hour)

Services at Clifton Memorial [illegible]

Clergyman Rev. J. C. Nelson

His Address [illegible] St. [illegible]

Religion of the Deceased

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father Simon Major

His Birthplace S.C.

Maiden Name of Mother Hattie Mitchell

Her Birthplace S.C.

Motor / Hearse } Remains to [illegible]

Size and Style of Casket [illegible]

Manufactured by [illegible] Co.

Interment at [illegible] { Cemetery / Crematory

Grave card del. to Miss Albritton Nov. 23rd 1938

Diagram of Lot or Vault

Lot No. S.R.

Grave No. 226

Row / Section No. 13

Owner

| Item | Amount |
|---|---|
| Complete Funeral | $ 310 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) chestnut [illegible] (Vault Kind) [illegible] screws | |
| Burial Vault | |
| Embalming Body .... with (State Kind) .... Fluid | |
| Barber, $ .... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ .... Hose, $ | |
| Suit or Dress, $ .... Slippers, $ | |
| Folding Chairs, $ (State Color) Tarpaulin, $ | |
| Candelabrum, $ .... Candles, $ | |
| Door Spray, $ .... Gloves, $ | |
| Funeral Car, $ .... Ambulance, $ | |
| Limousines to Cemetery .... @ $ | |
| Autos to R. R. Station .... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Delivery Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificate No. | |
| Pall Bearer Service, $ .... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 59 |
| Cremation | |
| Ins. Death Notices in 1 Papers | 3 |
| Flowers, $ .... Palms, $ 2 .... Matting, $ | 2 |
| Rental of Tent, $ .... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ✓ Lowering Device, $ ✓ | |
| Outlay for Shipping Charges | |
| Clergyman, $ .... Singers, $ .... Organist, $ | |
| Railroad or Motor } Tickets, $ .... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 404 |
| Less | $ |
| Balance | $ 404 |

Entered into Ledger, page ...... or below.

To Funeral Charges .... Total, $ By Cash

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to pay for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of ...% per annum. (Firm Name of Funeral Directors)

Signed

Witness

Compiled by F. J. FEINERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. [illegible] Date [illegible] 19[illegible]

Name of Deceased [illegible] (Single—Married—Divorced) Colored (What Race) (Where Born)

Residence of Deceased Orange, N.J. (Husband—Wife—Widow)

Charge to Miss Florence Kay, daughter

Address 290 Lydon St. Orange, N.J.

Order given by ........

How Secured ........

Occupation of Deceased Fireman

Name of Employer ........

Address ........

Date of Death Nov. 27th 1938 (Date) (Hour)

Date of Birth June 18th 1872

Age 66 (Years) 5 (Months) 9 (Days)

Date of Funeral 11:30 Sat. [illegible] 1st (Date) (Day of Week) (Hour)

Services at Residence

Clergyman ........

His Address ........

Religion of the Deceased Episcopalian

Resided in the State ........ (In U.S. or City or County) (Years) (Months)

Place of Death Orange Mem. Hosp.

Cause of Death [illegible]

Contributory Causes ........

Certifying Physician [illegible] (or Coroner)

His Address ........

Name of Father [illegible] Kay

His Birthplace Va.

Maiden Name of Mother [illegible]

Her Birthplace Va.

Remains to 1 Bloomfield Av.

Size and Style of Casket 6'3" Hinged panel (State Color) octagon end [illegible]

Manufactured by [illegible]

Interment at Glendale (Cemetery / Crematory)

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

Diagram of Lot or Vault

| Complete Funeral | $ 205 |
|---|---|
| Casket | |
| Metallic Lining | |
| Outside Box [illegible] (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body (State Kind) with Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ | |
| Folding Chairs, $ (State Color) Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 20 |
| Cremation | |
| ... Ins Death Notices in ... Papers (Names of Newspapers) | 2 |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 227 |
| Less | $ |
| Balance | $ 227 |

Entered into Ledger, page ........ or below.

| To Funeral Charges | Total, $ | By Cash | $ |
|---|---|---|---|

[illegible]

Insurance $ ........ Name of Lodges ........ Insurance Company [illegible]

I hereby authorize the above Funeral, and I hereby represent that I have sufficient [illegible] legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Witness ........ Signed ........

Address ........

Compiled by F. J. PEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ..... Yearly No. 95 Date Aug. 11th 19 36

Name of Deceased James Rogers (Male—Female—Infant) Colored Cuba (White Race) (Where Born)

Residence of Deceased 142 W. Market St. Husband—Wife—Widow

Charge to Crawford & [illegible]

Address 15 Dayton St. 1 fl.

Order given by Crawford & [illegible] (by whom)

How Secured

Occupation of Deceased [illegible]

Name of Employer

Address

Date of Death Aug. 7th 1936 3:15 P. (Date) (Hour)

Date of Birth Cuba 1897

Age 41 (Years) (Months) (Days)

Date of Funeral 12/18/36 Fri (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (in U. S. or City or Country) (Years) (Months)

Place of Death 148 W. Market St.

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address 92 [illegible]

Name of Father [illegible]

His Birthplace

Maiden Name of Mother

Her Birthplace

Remains to [illegible]

Kind and Style of Casket [illegible] (State Color)

Manufactured by [illegible]

Interment at Rosehill (Cemetery / Crematory)

Lot No. unregistered

Grave No. [illegible]

Section No.

Owner

Diagram of Lot or Vault

| Item | $ | |
|---|---|---|
| Complete Funeral | | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside-Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ Slippers, $ (State Color) | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 16 | |
| Cremation | | |
| line Death Notices in Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | | |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

| To Funeral Charges ... Total, $ | By Cash $ |
|---|---|
| | |

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Address

Compiled by F. J. FEYERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 42 Date Nov. 11 ...

Name of Deceased Lucy Albritton (Single—Married—Divorced) ... (Wid'd Race) ...

Residence of Deceased 318 Halsted St. E.C. Husband—Wife—Widow ... Joseph ...

Charge to Miss Susanna Albritton, daughter

Address 318 Halsted St. 2nd fl. E.C.

Order given by Susanna Albritton (daughter)

How Secured

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death Nov. 24th 1938 11 P.M. (Hour)

Date of Birth Mar. 1st 1895

Age 43 (Years) 8 (Months) 23 (Days)

Date of Funeral 11-27-38 (Date) Mon. (Day of Week) 1.30 P.M. (Hour)

Services at Clinton Memorial M.E. Zion

Clergyman Rev. J. C. Nelson

His Address 6 Meridan St. Newark

Religion of the Deceased

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death Pneumonia

Contributory Causes

Certifying Physician Med. Ex. (or Coroner)

His Address

Name of Father Simon Major

His Birthplace S.C.

Maiden Name of Mother Rella Mitchell

Her Birthplace S.C.

Motor / Ship Remains to Newark N.J.

Size and Style of Casket square end, half couch, silver gray plush, black ... Zelenko

Manufactured by N. J. C. Co.

Interment at Fairmount (Cemetery / Crematory)

Grave card del. to Miss Albritton Nov. 25th 1938

(Diagram of Ledger Vault)

Lot No. S. A. (New)

Grave No. 226

Section No. 13 (Row)

Owner

Complete Funeral

Casket

Metallic Lining

Outside Box Chestnut (State Kind) Common Screws (State Kind)

Burial Vault (State Kind)

Embalming Body ... with ... Fluid

Barber, $ ... Hair Dressing, $

Dressing Body

Underwear, $ ... Hose, $

Suit or Dress, $ ... Slippers, $

Folding Chairs, $ ... (State Color) Tapers, $

Candelabrum, $ ... Candles, $

Door Spray, $ ... Gloves, $

Funeral Car, $ ... Ambulance, $

Limousines to Cemetery ... @ $

Autos to R. R. Station ... @ $

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit

... Certif. Copies of Death Certificates No. (State Number and Dates)

Pall Bearer Service, $ ... (State Physician's or Coroner's) Use of Chapel, $

Personal Service

Outlay for Lot

Cremation

... Ins Death Notices in 1 ... Papers (Names of Newspapers)

Flowers, $ ... Palms, $ 2 ... Matting, $

Rental of Tent, $ ... of Temporary Vault, $

Opening of Grave or Tomb

Lining Grave, $ ✓ ... Lowering Device, $ ✓

Outlay for Shipping Charges

Clergyman, $ ... Singers, $ ... Organist, $

R. R. or Motor Tickets, $ ... Auto-plane Service, $

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Sales Tax

Total Footing of Bill ... $

Less ... $

Balance ... $

Entered into Ledger, page ... or below.

To Funeral Charges .... Total, $

By Cash ... $

Paid Nov. 23 ...

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest ... maturity at the rate of 6% per annum. Firm Name of Funeral Director

Signed

Witness ... Address

Compiled by F. J. PRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 74 Date [illegible] 19 [illegible]

Name of Deceased [illegible] Richardson (Male, Female) Colored (What Race) [illegible] (Where Born)

Residence of Deceased 7 [illegible] St. 2nd apt. [illegible]

Charge to father [illegible]

Address [illegible]

Order given by Father (Relationship)

How Secured [illegible]

Occupation of Deceased student

Name of Employer

Address

Date of Death [illegible] (Date) (Hour)

Date of Birth [illegible] 1922

Age (Years) (Months) (Days)

Date of Funeral [illegible] (Date) Sat (Day of Week) (Hour) M

Services at funeral Home

Clergyman Rev. Jones

His Address

Religion of the Deceased [illegible]

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death accident [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father [illegible] Richardson

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace Columbia [illegible]

Motor / Ship } Remains to [illegible]

Size and Style of Casket square and (State Color) flat cut top, white [illegible]

Manufactured by [illegible]

Interment at Rosehill { Cemetery / Crematory

Lot No.

Grave No. 4277

Section No. 21

Owner

Diagram of Lot or Vault

| | | |
|---|---|---|
| Complete Funeral | $ | [illegible] |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body (State Kind) with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ Slippers, $ (State Color) | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | [illegible] |
| Cremation | | |
| line Death Notices in Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | [illegible] |
| Less | $ | |
| Balance | $ | 100 |
| Entered into Ledger, page or below | | |

To Funeral Charges ... Total, $

By Cash $

RECEIVED PAYMENT

[illegible]

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness Address

# RECORD OF FUNERAL

Yearly No. 95 Date June 11 19[illegible]

...ed Jennie Rogers (What Race) Colored (Where Born) [illegible]

...ured 169 W. Market St. Husband—Wife—Widow—

...rford Lassan ... [illegible]

... Clayton St. N.Y.

... Crawford [illegible]

...ceased [illegible]

...er

... 1897

... (Date) (Day of Week) (Hour)

...ceased.

...tate (or U. S. or City or County) (Years) (Months)

...168 W. Market St.

...er

...ease

...rian (or Coroner)

... Mother

... to [illegible] N.Y.

... Casket pine, [illegible] (State Color)

... Rosehill (Cemetery / Crematory)

Lot No. [illegible]

Grave No.

Section No.

Owner

| | | |
|---|---|---|
| Complete Funeral | $ | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ (State Color) Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrums, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 16 | |
| Cremation | | |
| / Ins Death Notices in Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance | $ | |
| Entered Into Ledger, page or below. | | |

To Funeral Charges Total, $ By Cash $

Names of Lodges Insurance Companies

...the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Director) ... days from date. Interest to accrue from ... of aforesaid sum, and I hereby covenant and agree to pay the same within ... rate of 6% per annum.

Signed

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 74 ........ Date [illegible]

Name of Deceased [illegible] Richardson Jr. (Male—Married—Divorced) Colored (What Race) [illegible] (Where Born)

Residence of Deceased 7 Hillside Pl. 2nd fl. Husband—Wife—Widow—or Widower [illegible]

Charge to Father [illegible]

Address [illegible]

Order given by Father (or otherwise)

How Secured [illegible]

Occupation of Deceased Student

Name of Employer

Address

Date of Death [illegible] (Date) (Hour)

Date of Birth [illegible] 1922

Age 13 (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Rev. Jones

His Address

Religion of the Deceased Baptist

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death Accident [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address

Name of Father [illegible] Richardson

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace Columbia, Ala.

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] (State Color) flat [illegible] top, white [illegible]

Manufactured by [illegible]

Interment at Rosehill { Cemetery / Crematory

Lot No.

Grave No. 477

Section No. 24

Owner

Diagram of Lot or Vault

| | |
|---|---|
| Complete Funeral | $ 75 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| Insert Death Notices in Papers (Names of Newspapers) | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 100 |
| Less | $ |
| Balance | $ 100 |

Entered into Ledger, page ........ or below.

To Funeral Charges ........ Total, $ ........ By Cash ........ $

RECEIVED PAYMENT

Insurance $ ........ Name of Lodges ........ Insurance Company ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue at maturity at the rate of 6% per annum.

Signed

Witness ........ Address

# RECORD OF FUNERAL

Total No. ......  Yearly No. 95

Date Dec. 11th 19 31

Name of Deceased James Rogers  Colored  Male

Residence of Deceased 169 W. Market St

Charge to Crawford & [illegible]

Address 15 Clayton St. 1st fl.

Order given by Crawford & [illegible]

How Secured

Occupation of Deceased unemployed

Name of Employer

Address

Date of Death Dec. 9th 31  2:30 a.m.

Date of Birth Apr. 1877

Age 41 (Years) (Months) (Days)

Date of Burial 12-12-31 Tues (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (of U.S. or City or County) (Years) (Months)

Place of Death 169 W. Market St.

Cause of Death Lobar pneumonia

Contributory Causes

Certifying Physician Coro. [illegible] (or Coroner)

His Address 92 8th Ave. Newark N.J.

Name of Father James Rogers

His Birthplace

Maiden Name of Mother

Her Birthplace

Remains to Linden N.J.

Size and Style of Casket pine, 5'10" [illegible] (State Color)

Manufactured by N.J. Cas.

Interment at Rosedale (Cemetery / Crematory)

Lot No. Unregistered
Grave No. Grave
Section No.
Owner

Diagram of Lot or Vault

| Item | $ | |
|---|---|---|
| Complete Funeral | | |
| Casket | | |
| Metallic Lining ...... (State Kind) | | |
| Outside Box ...... (State Kind) | | |
| Burial Vault ...... (State Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ...... Hose, $ | | |
| Suit or Dress, $ ...... Slippers, $ (State Color) | | |
| Folding Chairs, $ ...... Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Spray, $ ...... Gloves, $ | | |
| Funeral Car, $ ...... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| ...Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 16 | |
| Cremation | | |
| ...line Death Notices in ... Papers (Names of Newspapers) | | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | | |
| Rental of Tent, $ ...... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ...... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | |
| Railroad or Motor Tickets, $ ...... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance | | |

Entered into Ledger, page ...... or below.

To Funeral Charges ... Total, $

By Cash

Insurance $  Name of Lodges  Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient means legally available to ... for the payment of above and I hereby covenant and agree to pay the same within ... maturity at the rate of 6% per annum.

Witness  Signed  Address

First Name of Funeral Directory ... days from date. Interest to accrue from

# RECORD OF FUNERAL

Total No. ........ Yearly No. 97 ........ Date Dec. 22 ........ 1938

Name of Deceased Martha Ann Turner (Single – Married – Divorced) Colored (What Race) Va. (Where Born)

Residence of Deceased 67 N. Clinton St. C.O.

Charge to Tobias Buchanan ........ John Turner

Address 67 N. Clinton St. C.O.

Order given by Kenneth White (or informant)

How Secured Kenneth White

Occupation of Deceased Housework

Name of Employer ........

Address ........

Date of Death Dec. 22nd (Date) (Hour)

Date of Birth Feb. 2, 1853

Age 85 (Years) 9 (Months) 20 (Days)

Date of Funeral 12-27-38 (Date) Tues. (Day of Week) 2:30 (Hour)

Services at Richland Ave. Church

Clergyman Rev. R.C. Turner

His Address N. Clinton St. C.O.

Religion of the Deceased ........

Resided in the State 47 yrs (In U.S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death Gangrene of Right Leg

Contributory Causes Cancer

Certifying Physician Wm. H. Cook (or Coroner)

His Address 303 Main St. C.O.

Name of Father Squire Price

His Birthplace Va.

Maiden Name of Mother Amanda Smith

Her Birthplace Va.

Return Remains to ........ Escape

Name and Style of Casket Octagon halfcouch (State Color) ........ steel gray

Manufactured by N.G. & Co.

Interment at Rosedale { Cemetery / Crematory }

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

(Diagram of Lot or Grave)

| Item | | $ |
|---|---|---|
| Complete Funeral | | 190 |
| Casket | | |
| Metallic Linings | | |
| Outside Box (State Kind) | pine painted gray | |
| Burial Vault (State Kind) | | |
| Embalming Body ........ with (State Kind) ........ Fluid | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ ........ Slippers, $ | | |
| Folding Chairs, $ (State Color) ........ Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery ........ @ $ | | |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| ....Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| ....line Death Notices in ........ Papers (Names of Newspapers) | | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | | |
| Rental of Tent, $ ........ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ........ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Motor Tickets, $ ........ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | | 190 |
| Less | | |
| Balance | | 190 |

Entered into Ledger, page ........ or below.

| To Funeral Charges ........ Total, $ | | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance $ ........ Names of Lodges ........ Insurance Companies Mut. Life & Provident at. Jack C's

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Director)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 74 Date ...11-24

Name of Deceased: John Henry Richardson Jr. ... Colored

Residence of Deceased: 7 Hillside Pl. 2nd Apt. ... Single, never married

Charge to: Father & [illegible]

Address: 7 Hillside Pl. [illegible]

Order given by: Father

How Secured: Contact

Occupation of Deceased: Student

Name of Employer ........

Address ........

Date of Death: 11-21-38 (Date) 2.20 P.M. (Hour)

Date of Birth: Oct. 4th 1923

Age: (Years) (Months) (Days)

Date of Funeral: 12-11-38 (Date) Sat. (Day of Week) 1 P.M. (Hour)

Services at: Funeral Home

Clergyman: Rev. Jones

His Address ........

Religion of the Deceased: Baptist

Resided in the State ........ (or U. S. or City or County) (Years) (Months)

Place of Death: [illegible]

Cause of Death: Accident, airplane

Contributory Causes ........

Certifying Physician (or Coroner): [illegible]

His Address ........

Name of Father: John Richardson

His Birthplace: Marion S. C.

Maiden Name of Mother: [illegible]

Her Birthplace: Columbia ... Ala.

Motor / Ship Remains to: [illegible]

Size and Style of Casket (State Color): square end flat cut top, white [illegible]

Manufactured by: [illegible]

Interment at: Rosehill (Cemetery / Crematory)

Lot No. ........

Grave No. 1172

Section No. 21

Owner ........

Diagram of Lot or Vault

| Complete Funeral | |
|---|---|
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ (State Color) ... Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ...ing Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Soloman, $ ... Singers, $ ... Organist, $ | |
| Rail-road or Motor Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |
| Entered into Ledger, page ... or below. | |

To Funeral Charges .... Total, $ ........ By Cash ........ $

RECEIVED PAYMENT

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... for the payment of same, and I hereby covenant and agree to pay the same within ... days from date. Interest ... the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEINEMANN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 96 Date Dec. 17th 1938

Name of Deceased Ellen Davis (Single — Married — Divorced) Colored (What Race) Lynchburg, Va. (Where Born)

Residence of Deceased 119 Bacon St. N.W.

Husband—Wife—Widow—of

Charge to Mrs. Frances Grimsley daughter

Address 24 Freeman St. 3rd fl.

Order given by daughter (or otherwise)

How Secured

Occupation of Deceased Domestic

Name of Employer

Address

Date of Death Dec. 16th 1938 (Date) P.M. (Hour)

Date of Birth May 15th 1883

Age 55 (Years) 7 (Months) 1 (Days)

Date of Funeral 12-20-38 (Date) Tues. (Day of Week) 2 P.M. (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State 3 yrs. 3 days (or U.S. or City or County) (Years) Months

Place of Death Graystone Pk. Morris Plains N.J.

Cause of Death T.B. of Lungs

Contributory Causes Psychosis with other diseases

Certifying Physician Phillip C. Washburn (or Coroner)

His Address Graystone Pk. Morris Plains N.J.

Name of Father Robert Walker

His Birthplace Lynchburg, Va.

Maiden Name of Mother Clara Ward

Her Birthplace Lynchburg, Va.

Motor / Ship } Remains to Lynchburg, Va.

Size and Style of Casket cut top steel gray (State Color) octagon end

Manufactured by W. G. C. Co.

*Interment at Rosehill { Cemetery / Crematory

| | |
|---|---|
| Complete Funeral | |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| line Death Notices in Papers (Names of Newspapers) | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 175 |
| Less | $ |
| Balance | $ 175 |
| Entered into Ledger, page or below. | |

Lot No.

Grave No.

Section No.

Owner

(Diagram of Lot or Vault)

To Funeral Charges ... Total, $

By Cash $

Paid in full Dec. 28th 1938 [illegible]

Insurance $ 179.63 Names of Lodges Insurance Companies Met. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness Address

# RECORD OF FUNERAL

Yearly No. 87 Date. Nov. 22 1938

...ased. Martha Ann Turner Colored Va.

...eceased 67 N. Clinton St. C.O. | John Turner

...ion. Kitchen

67 N. Clinton St. C.O.

...Smith White

...Smith White

Deceased Housework

Nov. 20th

Feb. 2. 1853

85 9 20

11.12.27.38 Tues. 230

Richmond Ave. Church

Rev. R.C. Turner

N. Clinton St. C.O.

Deceased

State 47 yrs

Residence

Gastritis of Kept Leg

...auses. Cancer

...ician Wm H. Cook

303 Main St. C.O.

Squire Price

Va.

...f Mother Amanda Smith

Va.

to. Orange

...f Casket. Eclagon halfcouch

...steel gray

...s M.G. & Co.

Rosedale Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

| Item | $ |
|---|---|
| Complete Funeral | 190 |
| Casket | |
| Metallic Lining | |
| Outside Box. pine painted gray | |
| Burial Vault | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificates No. | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| line Death Notices in ... Papers | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 190 |
| Less | |
| Balance | 190 |

Entered into Ledger, page ... or below.

To Funeral Charges ... Total, $ ... By Cash ... $

Names of Lodges ... Insurance Companies. Met. Life & Prudential Ins. Co.

...the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors)

...aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from ... of 6% per annum.

Signed

Compiled by F. J. FEDDEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 96 Date Dec. 17th .....19

Name of Deceased Ellan Davis (Single — Married — Divorced) Colored (White Race) Lynchburg, Va. (Where Born)

Residence of Deceased 119 Broome St. Newk. Husband—Wife—Widow of

Charge to Mrs. Frances Gramby daughter

Address 24 Tillman St. 3rd fl.

Order given by daughter (or Informant)

How Secured

Occupation of Deceased Domestic

Name of Employer

Address

Date of Death Dec. 16th 1938 (Date) P.M. (Hour)

Date of Birth May 15th 1883

Age 55 (Years) 7 (Months) 1 (Days)

Date of Funeral 12-20-38 (Date) Tues. (Day of Week) 2 P.M. (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State 3 yrs. 7 days (in U. S. or City or County) (Years) (Months)

Place of Death Greystone Pk. Morristown N.J.

Cause of Death T.B. of lungs

Contributory Causes

Certifying Physician Phillip C. Washburn (or Coroner)

His Address Greystone Pk. Morris Plains N.J.

Name of Father Robert Walker

His Birthplace Lynchburg, Va.

Maiden Name of Mother Clara West

Her Birthplace Lynchburg, Va.

Motor / Ship } Remains to Lynchburg(?) N.J.

Size and Style of Casket cut Top steel gray octagon end (State Color)

Manufactured by W. G. Co.

Interment at Rosehill { Cemetery / Crematory }

Lot No. ......

Grave No. ......

Section No. ......

Owner ......

Diagram of Lot & Vault

| Item | Amount |
|---|---|
| Complete Funeral | 135 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) pine | |
| Burial Vault (State Kind) | |
| Embalming Body .... with .... Fluid | |
| Barber, $ .... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ .... Hose, $ | |
| Suit or Dress, $ (State Color) .... Slippers, $ | |
| Folding Chairs, $ .... Tarpaulin, $ | |
| Candelabrum, $ .... Candles, $ | |
| Door Spray, $ .... Gloves, $ | |
| Funeral Car, $ .... Ambulance, $ | |
| Limousines to Cemetery .... @ $ | |
| Autos to R. R. Station .... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ .... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| Line Death Notices in .... Papers (Names of Newspapers) | |
| Flowers, $ .... Palms, $ .... Matting, $ | |
| Rental of Tent, $ .... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ .... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ .... Singers, $ .... Organist, $ | |
| Railroad or Motor } Tickets, $ .... Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 175 |
| Less | $ |
| Balance | $ 175 |
| Entered into Ledger, page .... or below. | |

To Funeral Charges .... Total, $

By Cash .... $

Paid in full Dec. 28, 1938

Insurance $ 17467 Name of Lodge Insurance Company Met. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within (Firm Name of Funeral Director) days from date. Interest to accrue after maturity at the rate of 6% per annum.

Signed

Address

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 97 ........ Date Nov. 22 ........ 1938

Name of Deceased Martha Ann Turner (Single — Married — Divorced) Colored (What Race) Va. (Where Born)

Residence of Deceased 67 N. Clinton St. C.O. Husband—Wife—Widow—er of John Turner

Charge to Mrs. Buchanan

Address 67 N. Clinton St. C.O.

Order given by Kenneth White

How Secured Kenneth White (or Informant)

Occupation of Deceased Housework

Name of Employer ........

Address ........

Date of Death Nov. 22nd (Date) (Hour)

Date of Birth Feb. 2. 1853

Age 85 (Years) 9 (Months) 20 (Days)

Date of Funeral 12-27-38 (Date) Tues. (Day of Week) 2:30 (Hour)

Services at Ashland Ave. Church

Clergyman Rev. R.C. Turner

His Address N. Clinton St. C.O.

Religion of the Deceased ........

Resided in the State 47 yrs (or U. S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death Gastrolitomia of Right Leg

Contributory Causes Cancer

Certifying Physician Wm. H. Cook (or Coroner)

His Address 303 Main St. C.O.

Name of Father Squire Price

His Birthplace Va.

Maiden Name of Mother Amanda Smith

Her Birthplace Va.

(Cemetery/Vault) Remains to Grange

Name and Style of Casket Octagon half couch (Give Color) dar. steel gray

Manufactured by N.J. C. Co.

Interment at Rosedale (Cemetery / Crematory)

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

Diagram of Lot or Vault

| Item | $ |
| --- | --- |
| Complete Funeral | 190 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) pine painted gray | |
| Burial Vault (State Kind) | |
| Embalming Body ........ with (State Kind) ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| ........ Certif. Copies of Death Certificate No. | |
| Pall Bearer Service, $ ........ (State Physician's or Coroner's) Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ........ Line Death Notices in ........ Papers (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor Tickets, $ ........ Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 190 |
| Less | |
| Balance | 190 |
| Entered into Ledger, page ........ or below. | |

| To Funeral Charges ........ Total, $ | | By Cash | $ |
| --- | --- | --- | --- |
| | | | |

Insurance $ ........ Names of Lodges ........ Insurance Companies Nat. Life & Prudential, pol. ?

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

# RECORD OF FUNERAL

Total No. ........ Yearly No. 98 ........ Date Nov. 22nd 1938

Name of Deceased Margaret (Tierney) Shaw (Single—Married—Divorced) Colored (What Race) 56 (Where Born)

Residence of Deceased 152 Barclay St. Husband—Wife—Widower or Widow of Ruben Shaw

Charge to Mr. Ruben Shaw

Address 152 Barclay St.

Order given by A. A. Buckner (or relationship)

How Secured

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death Nov. 22nd (Date) 7:40 am (Hour)

Date of Birth 4 Mar 1900

Age 38 (Years) (Months) (Days)

Date of Funeral 12/27/38 (Date) Tue. (Day of Week) 12 PM (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State 16 yrs (In U. S. of City or County) (Years) Months

Place of Death Residence

Cause of Death [illegible]

Contributory Causes

Certifying Physician A. A. Buckner (or Coroner)

His Address Ross St.

Name of Father [illegible] Gibson

His Birthplace Va.

Maiden Name of Mother Millie [illegible]

Her Birthplace Va.

Motor / Ship Remains to Funeral Home

Size and Style of Casket, square end, silver grey, half couch, embossed plush (trim)

Manufactured by W. J. C. Co. [illegible]

Interment at Rosehill (Cemetery / Crematory)

| Complete Funeral | $ 280 |
|---|---|
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box pine painted grey (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ...... with ...... Fluid | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ ...... Slippers, $ | |
| Folding Chairs, $ (State Cost) ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ 12 ...... Ambulance, $ | 12 |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| ...... Death Notices in ...... Papers (Name of Newspapers) | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ...... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor Tickets, $ ...... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 317 |
| Less Discount | $ 2 00 |
| Balance | $ 315 00 |

Entered into Ledger, page ...... or below.

Diagram of Lot or Vault: Tennant [illegible] 3442

Lot No. ......

Grave No. 5[illegible]

Section No. 24

Owner

To Funeral Charges ...... Total $

By Cash $

Paid Dec. 31st 1938 [illegible]

Insurance $ ...... Names of Lodges ...... Insurance Companies Met Life Ins Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Print Name of Parents, if any) ...... days from date. Interest to accrue from ...... for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... maturity at the rate of 6% per annum.

Signed

Witness ...... Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Total No. ......

Name of Deceased ......

Residence of Deceased ......

Charge to ......

Address ......

Order given by ......

How Secured

Occupation of Deceased

Name of Employer

Address

Date of Death

Date of Birth

Age 40

Date of Funeral

Services at ......

Clergyman ......

His Address

Religion of the Deceased

Resided in the State

Place of Death

Cause of Death

Contributory Causes

Certifying Physician

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship Remains to

Size and Style of Casket

Manufactured by

Interment at

Insurance $

I hereby authorize the ...... maturity at the rate of ......

Witness

# RECORD OF FUNERAL

Yearly No. 99 Date Mar. 27 1938

...ed Hannibal Weston (Single—Married—Divorced) Colored (What Race)

...nand 271 Kinnes St. Man. Husband—Wife—Widow[er] Holtis Archie

...Weston brother

...Blair St. Man.

...Brother — Cross ...

...140 Livingston St.

...eceased Foundry Work

...Mar. 27 1938 (Hour)

...1877 1897

(Months) (Days)

...12/30/38 (Day of Week) (Hour) M

...Home

...Rev. Wingfield

...Deceased Kingston

...ate (in U.S. or City or County) (Years) (Months)

Residence 280 W. Kinnes St.

Rupture, Spontaneous

...ician Hosf. Med. Ex. (or Coroner)

...2. 8th Ave. ...

...Weston

Richland S.C.

Mother Virginia Bennet

Lexington S.C.

...to Camden N.J.

Casket square with silver (Name Color)

...Top

...W.M.C.A.

...Bolbill (Cemetery / Crematory)

Lot No. ...

Grave No. ...

Section No. ...

Owner ...

| Item | $ |
|---|---|
| Complete Funeral | 137 50 |
| Casket | |
| Metallic Lining (Same Kind) | |
| Outside Box pine (Same Kind) | |
| Burial Vault (Same Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ | |
| Folding Chairs, $ ... (State Color) Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and Date) | |
| ...Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| ... line Death Notices in ... Papers (Name of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Aero-plane Services | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 162 50 |
| Less | |
| Balance | |

Entered into Ledger, page ... or below.

| To Funeral Charges ... Total, $ | | By Cash |
|---|---|---|
| | | |

Names of Lodges ... Insurance Companies Washington Nat. Ins. Co.

...the above Funeral, and I hereby represent that I have sufficient resources Legally available th... (Firm Name of Funeral Directors) ...aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from ...a of 6½ per annum.

Signed ...

Address ...

# RECORD OF FUNERAL

Total No. ......... Yearly No. 98 Date Nov. 22nd 19..

Name of Deceased Margaret (Tuttey) Shaw ... Married ... 38

Residence of Deceased 152 Barclay St. Husband—Wife—Widow: Ruben Shaw

Charge to Mr. Ruben Shaw

Address 152 Barclay St.

Order given by Dr. Buckman

How Secured

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death Nov. 22nd (Date) 7:40 (Hour)

Date of Birth Mar. 1900

Age 38 (Years) (Months) (Days)

Date of Funeral 12/27/38 Tue. (Day of Week) 12 P.M. (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State 16 yrs. (In City or County) (Years) (Months)

Place of Death Residence

Cause of Death [illegible]

Contributory Causes

Certifying Physician Dr. Buckman (or Coroner)

His Address Rose St.

Name of Father Joseph Johnson

His Birthplace Ga.

Maiden Name of Mother Millie Haskett

Her Birthplace Ga.

Motor / Ship Remains to Union N.G.

Size and Style of Casket square and silver gray, half couch, embossed plush

Manufactured by W. J. C. Co. Kream interior

Interment at Rosehill Cemetery / Crematory

Tiernal # 3492 — Diagram of Lot or Vault

Lot No. ...

Grave No. 576

Section No. 24

Owner ...

| Item | Amount |
|---|---|
| Complete Funeral | 280 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) pine painted gray | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ 12 Ambulance, $ | 12 |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 20 |
| Cremation | |
| Insert Death Notices in Papers (Names of Newspapers) | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $317 |
| Less Discount | $2 |
| Balance | $315 |
| Entered into Ledger, page or below. | |

To Funeral Charges .... Total, $

By Cash $

Paid Dec. 31st 1938 [illegible]

Insurance $ ........ Names of Lodges ~~~ Insurance Companies Met. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue after maturity at the rate of 6% per annum.

Signed

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 99 Date Mar. 24 1936

Name of Deceased Hannibal Weston (Male — Married — Divorced) Colored S.C. (What Race) (Where Born)

Residence of Deceased 270 Rumsie St. Hart Embalmed — Yes — Wife — Hattie Weston

Charge to James Weston brother

Address 6 Allen St. Hart

Order given by Brother [illegible]

How Secured

Occupation of Deceased Foundry Work

Name of Employer

Address

Date of Death Mar 23rd 1936 (Date) (Hour)

Date of Birth Apr 13th 1897

Age 46 (Years) 11 (Months) 11 (Days)

Date of Funeral 3/28/36 (Date) Wed. (Day of Week) Hour

Services at Funeral Home

Clergyman Rev. [illegible]

His Address

Religion of the Deceased Baptist

Resided in the State (In U.S. or City or County) (Years) (Months)

Place of Death Residence 270 W. Rumsie St.

Cause of Death Rupture [illegible]

Contributory Causes

Certifying Physician Asst. Med. Ex. (or Coroner)

His Address 92 S. 5th Ave, Hart

Name of Father Milton Weston

His Birthplace Richland S.C.

Maiden Name of Mother Sophia [illegible]

Her Birthplace Lexington S.C.

Motor / Ship } Remains to Linden N.J.

Size and Style of Casket square end silver (Size Card) [illegible]

Manufactured by [illegible] Co.

Interment at Rosehill { Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 137 | 50 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box pine (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ Slippers, $ (State Color) | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 25 | — |
| Cremation | | |
| ...ing Death Notices in ...... Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 162 | 50 |
| Less | | |
| Balance | | |

Entered into Ledger, page ...... or below.

To Funeral Charges ..Total, $ By Cash $

Insurance $ Name of Lodges Insurance Companies Washington Nat. Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness Address

Compiled by F. Z. [illegible], St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ..................... Yearly No. 191 ..... Date. Mar. 24 ..... 1938

Name of Deceased James C. Brown (Single — Married — Divorced) ..... Cabarrus (What State) N.C. (Where Born)

Residence of Deceased 411 Halsey St. ..... Husband—Wife—Widow—Widower of ..... Single

Charge to Mrs. Gertrude [illegible]

Address 411 Halsey St. [illegible]

Order given by Mrs. Gertrude [illegible] (or informant)

How Secured

Occupation of Deceased Porter

Name of Employer

Address

Date of Death Mar. 24th 1938 (Date) ..... 2:10 P. (Hour)

Date of Birth April 15th 1893

Age 45 (Years) 0 (Months) 9 (Days)

Date of Funeral 3/28/38 (Date) Mon. (Day of Week) 2 P. (Hour) M.

Services at funeral home

Clergyman Rev. Gardner

His Address

Religion of the Deceased Baptist

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Newark City Hosp.

Cause of Death Hypertensive Cardio

Contributory Causes Vascular disease

Certifying Physician Cent. Med Ex. (or Coroner)

His Address 98 S 14th Ave Newark N.J.

Name of Father Henry Brown

His Birthplace N.C.

Maiden Name of Mother Martha [illegible]

Her Birthplace N.C.

Motor / Ship } Remains to Linden N.J.

Size and Style of Casket hinged top, octagon (Stain Color) full steel gray

Manufactured by [illegible] Co.

Interment at Rosehill { Cemetery / Crematory

Lot No. 13498

Grave No. 577

Section No. 24

Owner

Diagram of Lot or Vault

| Item | $ | |
|---|---|---|
| Complete Funeral | 138 | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ..... with ..... Fluid | | |
| Barber, $ ..... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ..... Hose, $ | | |
| Suit or Dress, $ ..... Slippers, $ | | |
| Folding Chairs, $ (State Color) Tarpaulin, $ | | |
| Candelabrum, $ ..... Candles, $ | | |
| Door Spray, $ ..... Gloves, $ | | |
| Funeral Car, $ ..... Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (Stage Number and District) | | |
| ___Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ..... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 25 | |
| Cremation | | |
| .....line Death Notices in ..... Papers | | |
| Flowers, $ ..... (Names of Florists) Palms, $ ..... Matting, $ | | |
| Rental of Tent, $ ..... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ..... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ | | |
| Railroad or Motor } Tickets, $ ..... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 175 | |
| Less misc. Dis. papers | 2 | 00 |
| Balance | 173 | |

Entered into Ledger, page ..... or below.

| To Funeral Charges ..... Total, $ | | | By Cash | $ | |
|---|---|---|---|---|---|
| | [illegible] 25 3.87 | | | | |

Insurance $ A.2.9 ..... Names of Lodges ..... Insurance Companies Washington Nat'l Ins. Co

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Director.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ..... Address

Compiled by F. J. FRIEDEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 98 ............ Date Dec. 22nd

Name of Deceased Margaret (Johnson) Shaw (Single—Married—Divorced) Colored (What Race)

Husband—Wife—Widow of Ruben Shaw

Residence of Deceased 152 Barclay St.

Charge to Mr. Ruben Shaw

Address 152 Barclay St.

Order given by Dr. Buckner

How Secured

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death Dec 22nd (Date) 7:30 (Hour)

Date of Birth Mar 1900

Age 38 (Years) (Months) (Days)

Date of Funeral 12/23/38 (Date) Tues (Day of Week) 12 P.M. (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State 16 yrs. (In U.S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death [illegible]

Contributory Causes

Certifying Physician Dr. Buckner (or Coroner)

His Address Ross St.

Name of Father Joseph Johnson

His Birthplace Ga.

Maiden Name of Mother Mattie Hesbett

Her Birthplace Ga.

(Motor / Car) Remains to [illegible]

Size and Style of Casket square end silver gray, half couch, embossed plush

Manufactured by [illegible] interior

Interment at Rosehill (Cemetery / Crematory)

Interment # 13492

Diagram of Lot or Vault

Lot No. ............

Grave No. 576

Section No. 84

Owner ............

| Item | Amount |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) pine painted gray | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid (State Kind) | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ ...... Slippers, $ (State Color) | |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ 12: Ambulance, $ | |
| Limousines to Cemetery ...... @ $ | |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and Class) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ...... Ins Death Notices in ...... Papers (Name of Newspapers) | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ...... Lowering Device, $ | |
| [illegible] for Shipping Charges | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| (Railroad or Motor) Tickets, $ ...... (Aero-plane) Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less Discount | $ |
| Balance | $ |

Entered into Ledger, page ...... or below.

To Funeral Charges .... Total, $

By Cash ............ $

Paid Dec. 23 1938 [illegible]

Insurance $ ...... Name of Lodge ...... Insurance Companies Met. Life

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Give Name of Fund) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Int[erest] ... maturity at the rate of 6% per annum.

Signed

Witness ............ Address

# RECORD OF FUNERAL

Total No. ........ Yearly No. 100 ........ Date Aug. 24 ........ 1938

Name of Deceased Dollie Williams (Single—Married—Widowed) Colored (What Race) Ga. (Where Born)

Residence of Deceased 22 S. Center St Orange 3rd [illegible] Fay Williams

Charge to Welfare Bd. Orange N.J.

Address 13 S. Day St

Order given by husband (or Attorney)

How Secured

Occupation of Deceased housewife

Name of Employer

Address

Date of Death Aug. 24th 1938 (Date) (Hour)

Date of Birth March 1899

Age 38 (Years) 9 (Months) (Days)

Date of Funeral 1-27th [illegible] (Date) (Day of Week) (Hour)

Services at [illegible]

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death Cerebral Hemorrhage, Hypertension

Contributory Causes Chronic Myocarditis

Certifying Physician Anthony A. Virgilio (or Coroner)

His Address 87 S. Center St. Orange N.J.

Name of Father Willie Marshall

His Birthplace Ga.

Maiden Name of Mother ?

Her Birthplace Ga.

Motor / Ship | Remains to Bloomfield N.J.

Size and Style of Casket square end cut top w. handles - steel gray (Grade Color)

Manufactured by N.J. Co. Co.

Interment at Glendale (Cemetery / Crematory)

Lot No. Orange
Grave No. City
Section No. Plot
Owner

Diagram of Lot or Tomb

| Item | $ |
|---|---|
| Complete Funeral | 60 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ Slippers, $ | |
| Folding Chairs, $ (State Count) Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 15 |
| Cremation | |
| line Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 75 |
| Less | |
| Balance | 75 |

Entered into Ledger, page ... or below.

| To Funeral Charges ... Total, $ | By Cash | $ |
|---|---|---|
| | | |

Insurance $ ... Names of ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... months ... at the rate of ...% per annum.

Witness ... Signed ... Address

# RECORD OF FUNERAL

Yearly No. 191 Date Mar. 24 1938

...eceased James C. Brown (Single—Married—Divorced) Colored (White Race) M.C. (Where Born)

...f Deceased 411 Halsey St.

...by

...of Deceased porter

...ployer

...th Mar. 24, 1938 (Date) (Hour)

...h. April 1893

...(Years) (Months) (Days)

...eral 3/28/38 Mon. (Day of Week) (Hour)

...the Deceased Baptist

...he State (or U. S. or City or County) (Years) (Months)

...ath Newark City Hosp.

...eath Hypertension

...y Causes

...Physician (or Coroner)

...ther Henry Brown

...ace M.C.

...me of Mother Martha

...ace M.C.

...mains to Linden N.J.

...le of Casket hinged top octagon (State Color) steel gray

...ed by

...t Rosehill (Cemetery / Crematory)

Lot No. 13496

Grave No. 577

Section No. 24

Owner

| | | $ |
|---|---|---|
| Complete Funeral | | 130 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ (State Color) Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | 45 |
| Cremation | | |
| Ins. Death Notices in Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | | 175 |
| Less | | 2 00 |
| Balance | | 173 |
| Entered into Ledger, page or below. | | |

| To Funeral Charges.... Total, $ | | By Cash | |
|---|---|---|---|
| | | | |

Names of Lodges

Insurance Companies Washington Natl. Ins. Co.

...ke the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...(Firm Name of Funeral Directors) ...nt of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from ...e rate of 6% per annum.

Signed

Address

Compiled by F. J. FREINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No ................ Yearly No. 100 Date Aug. 24 19

Name of Deceased Hallie Williams (Single—Married—Divorced) Colored (What Race) Ga. (Where Born)

Residence of Deceased 22 S. Center St. Orange 3rd (Ward) Wife—Widow Jay Williams

Charge to Welfare Bd. Orange N.J.

Address 12 S. Day St.

Order given by Husband (or informant)

How Secured

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death Aug. 24th 1938 (Date) (Hour)

Date of Birth March 1899

Age 39 (Years) 5 (Months) (Days)

Date of Funeral 8-27th 38 (Date) Sat. (Day of Week) (Hour) M

Services at Our services

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Town) (Months)

Place of Death Residence

Cause of Death Cerebral Hemorrhage, hypertension

Contributory Causes Chronic Myocarditis

Certifying Physician Aubrey A. Wiggins (or Coroner)

His Address 87 S. Center St. Orange N.J.

Name of Father Willie Marshall

His Birthplace Ga.

Maiden Name of Mother ?

Her Birthplace Ga.

Motor / Ship } Remains to Bloomfield N.J.

Size and Style of Casket square end cut top (Name Color) w. handles - black grey

Manufactured by N.J.C.Co.

Interment at Glendale { Cemetery / Crematory

Lot No. Orange City

Grave No.

Section No. Plot

Owner

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 60 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 15 |
| Cremation | |
| Ins Death Notices in Papers (Names of Newspapers) | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 75 |
| Less | |
| Balance | 75 |
| Entered into Ledger, page ...... or below. | |

| To Funeral Charges .... Total, $ | | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance $ ............ Name of Lodges ............ Insurance Companies ............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue at maturity at the rate of 6% per annum.

Firm Name of Funeral Director,

Signed

Witness ............ Address ............

Compiled by F. F. FEDDEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. .......... Yearly No. 191 Date Dec. 24 1938

Name of Deceased James E. Brown (Single — Married — Divorced) Cabarrus N. C. (What Race) (Where Born)

Residence of Deceased 111 Halsey St. ... | James

Charge to Mrs. Julia ... York

Address 111 Halsey St. ...

Order given by Mrs. Julia ... York (or Informant)

How Secured ..........

Occupation of Deceased Porter

Name of Employer ..........

Address ..........

Date of Death Dec. 24th 1938 ... (Date) (Hour)

Date of Birth April 15th 1893

Age 45 (Years) 8 (Months) 9 (Days)

Date of Funeral 12/28/38 Wed (Day of Week) ... P.M. (Hour)

Services at funeral home

Clergyman Rev. Gardner

His Address ..........

Religion of the Deceased Baptist

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Newk. City Hosp.

Cause of Death Hypertensive Cardiac

Contributory Causes Vascular disease

Certifying Physician Asst. Med. Ex. (or Coroner)

His Address 92 S 1st Ave Newk. N.J.

Name of Father Henry Brown

His Birthplace N.C.

Maiden Name of Mother Martha ...

Her Birthplace N.C.

Remains to Linden N.J.

Size and Style of Casket hinged top octagon (Size) (Each Color) ... steel gray

Manufactured by ... Co.

Interment at Rosehill (Cemetery) (Crematory)

Lot No. 13498

Grave No. 577

Section No. 24

Owner

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 120 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... with (State Kind) ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ (State Color) ... Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| ... Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 175 |
| Less ... Dis... | 2 00 |
| Balance | 178 |

Entered into Ledger, page .... or below.

| To Funeral Charges .... Total, $ | | By Cash | $ |
|---|---|---|---|
| | Paid 12/25/38 | | |

Insurance Company Washington Nat'l Ins. Co.

Names of Lodges ..........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .......... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ..........

Witness .......... Address ..........

# RECORD OF FUNERAL

Total No. .......... Yearly No. 1 .......... Date Jan. 3rd 19 39

Name of Deceased Edgar Valentine (Single—Married—Divorced) Colored (What Race) Va. (Where Born)

Residence of Deceased 960 Lenox St. 1 Flr. ........ Ira Clark

Charge to Mrs. Rosalie Massey

Address 241 Lenox 1st fl. right front

Order given by Kate Long Massey (or undersigned)

How Secured ..........

Occupation of Deceased laborer

Name of Employer ..........

Address ..........

Date of Death Jan. 1st 1939 (Date) (Hour)

Date of Birth Oct. 16. 1910

Age 28 (Years) (Months) (Days)

Date of Funeral 1-5-39 (Date) Thurs. (Day of Week) 2 P.M. (Hour)

Services at Funeral Home

Clergyman ..........

His Address ..........

Religion of the Deceased ..........

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Hudson City Hosp.

Cause of Death T. B.

Contributory Causes ..........

Certifying Physician Dr. Wojack (or Coroner)

His Address Hudson City Hosp.

Name of Father Edgar Valentine

His Birthplace Va.

Maiden Name of Mother Josephine Kilbury

Her Birthplace Va.

Motor / Ship } Remains to Linden N. J.

Size and Style of Casket hinged top embossed plush silver gray overlay (State Color)

Manufactured by N. J. Ca. Co.

Interment at Rosehill { Cemetery / Crematory }

CARD DELIVERED
1/23/1939
G. B. C.

Diagram of Lot or Vault

Lot No. ..........

Grave No. 6 9 6

Section No. 24

Owner ..........

| | | |
|---|---|---|
| Complete Funeral | $ | 175 |
| Casket | | |
| Metallic Lining | | |
| Outside Box pine painted gray (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ...... with (State Kind) Fluid | | |
| Barber, $ ..... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ..... Hose, $ | | |
| Suit or Dress, $ ..... Slippers, $ (State Color) | | |
| Folding Chairs, $ ..... Tarpaulin, $ | | |
| Candelabrum, $ ..... Candles, $ | | |
| Door Spray, $ ..... Gloves, $ | | |
| Funeral Car, $ ..... Ambulance, $ | | |
| Limousines to Cemetery ..... @ $ | | |
| Autos to R. R. Station ..... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ..... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | 25 |
| Cremation | | |
| line Death Notices in ..... Papers (Names of Newspapers) | | |
| Flowers, $ ..... Palms, $ ..... Matting, $ | | |
| Rental of Tent, $ ..... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ..... Lowering Device, $ ✓ | | 7 |
| Outlay for Shipping Charges | | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ | | |
| Railroad or Motor } Tickets, $ ..... Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales-Tax | | |
| Total Footing of Bill | $ | 207.00 |
| Less | $ | |
| Balance | $ | |

Entered into Ledger, page 33 or below.

| To Funeral Charges .... Total, $ | | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance $ 50.00 Names of Lodges .......... Insurance Companies Met. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ..........

Witness .......... Address ..........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ..........  Yearly No. 100  Date Dec. 24

Name of Deceased Lollie Williams  Colored

Residence of Deceased 22 S. Center St. Orange 3rd  Fay Wil...

Charge to Welfare Bd. Orange N.J.

Address 13 S. Day St.

Order given by Husband

How Secured

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death Dec. 24th 1938

Date of Birth March 1880

Age 58 (Years) 9 (Months) (Days)

Date of Funeral 12-27-38 (Date) Tues (Day of Week) (Hour)

Services at the ...

Clergyman

His Address

Religion of the Deceased

Resided in the State

Place of Death Residence

Cause of Death Cerebral Hemorrhage, Hypertension

Contributory Cause Chronic Myocarditis

Certifying Physician Anthony A. Vergilio

His Address 57 S. Center St. Orange N.J.

Name of Father Willie Marshall

His Birthplace Ga.

Maiden Name of Mother ?

Her Birthplace Ga.

Motor/Hearse Remains to Bloomfield N.J.

Size and Style of Casket square end cut top no handles - steel gray

Manufactured by N.J. Co. B.

Interment at Glendale Cemetery/Crematory

Lot No. Orange City

Grave No.

Section No. Plot

Owner

Diagram of Lot or Vault

| Item | Amount |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining | |
| Outside Box | |
| Burial Vault | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificate No. | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| Ins. Death Notices in Papers | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Chairmas, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |

Entered into Ledger, page .... or below.

To Funeral Charges .... Total, $  By Cash .... $

Insurance $ ....  Names of Lodges ....  Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest after maturity at the rate of 6% per annum.

Signed

Witness ....  Address ....

Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ...5...... Yearly No. 162 ...... Date ...Mar. 26th...... 193[illegible]

Name of Deceased ...[illegible] Cooper... (Single—Married—Divorced) ...[illegible] (When Born) ...Elizabeth... (Where Born)

Husband—Wife—Widow— ...[illegible]... | Harry Cooper

Residence of Deceased ...[illegible] Boone St....

Charge to ...Mrs. Harry Marsh, Step Father...

Address ...[illegible] Boone St....

Order given by ...Harry Marsh...

How Secured

Occupation of Deceased ...Student...

Name of Employer

Address

Date of Death ...Mar. 24th 193[illegible]... (Date)

Date of Birth ...[illegible] 17th 1930...

Age ...5... (Years) ...11... (Months) ...[illegible]... (Days)

Date of Funeral ...3-28-3[illegible]... (Date) ...Thurs.... (Day of Week) ...2:30 P... M (Hour)

Services at ...Funeral Home...

Clergyman ...Rev. Williams...

His Address

Religion of the Deceased

Resided in the State ...[illegible]... (In U.S. or City or Country) (Years) (Months)

Place of Death ...[illegible]...

Cause of Death ...[illegible]...

Contributory Causes

Certifying Physician ...[illegible]... (or Coroner)

His Address ...[illegible]...

Name of Father ...Harry Cooper...

His Birthplace ...[illegible]...

Maiden Name of Mother ...Thelma Malone...

Her Birthplace ...[illegible]...

Motor / Ship } Remains to ...[illegible] - N. J....

Size and Style of Casket ...Coffin, White... (State Color) ...[illegible]... 4'6"

Manufactured by ...[illegible]...

Interment at ...[illegible]... (Cemetery / Crematory)

Lot No. ...4 [illegible]...

Grave No. ...44...

Section No. ........

Row. Owner ...24...

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 113 |
| Casket | |
| Metallic Lining ... (State Kind) | |
| Outside Box ...[illegible]... (State Kind) | |
| Burial Vault ... (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... (State Color) Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| Ins Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | [illegible] |
| Less | |
| Balance | 14[illegible] |

Entered into Ledger, page ... or below

| To Funeral Charges ... Total, $ | By Cash ... $ |
|---|---|
| | |

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ........ Address ........

Compiled by F. T. PEINEMAN, St. Louis, Mo.

Total No. ... Name of Decease... Residence of Dec... Charge to ... Address ... Order given by ... How Secured ... Occupation of De... Name of Employe... Address ... Date of Death ... Date of Birth ... Age ... Date of Funeral ... Services at ... Clergyman ... His Address ... Religion of the De... Resided in the Sta... Place of Death ... Cause of Death ... Contributory Caus... Certifying Physicia... His Address ... Name of Father ... His Birthplace ... Maiden Name of ... Her Birthplace ... Motor Ship } Remains t... Size and Style of ... Manufactured by ... Interment at ... Diagram of Lot ... Insurance $ 50 ... I hereby authorize ... for the payment of ... maturity at the rate ... Witness

# RECORD OF FUNERAL

Yearly No. 1 Date Jan. 3rd 1939

...and Edgar Valentine (Single—Married—Divorced) White (What Race) Ila (Where Born)

...eceased 360 ... St. ... of ... Ia. Clark

...Decreased Valerian

...yer ...

Jan. 1st 1938

Oct. 16, 1910

1-5-39 Thur. 2 P.M.

...Deceased

...State

Hunk City Hosp.

T. B.

...Causes

...icians ... (M. Coroner)

Hunk City Hosp.

... Edgar Valentine

...of Mother ... Kabus...

...s to ...

...of Casket hinged top embossed ... gray ...

...by ... Co.

... Rosehill (Cemetery / Crematory)

DELIVERED ... 1939 ... B C

Lot No. ...

Grave No. 9 ...

Section No. 24

Owner ...

| Item | $ |
|---|---|
| Complete Funeral | 175 |
| Casket | |
| Metallic Lining | |
| Outside Box pine painted gray (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificates No. | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| ... Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ✓ Lowering Device, $ ✓ | 7 |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 207.00 |
| Less | |
| Balance | |

Entered into Ledger, page 33 or below.

To Funeral Charges .... Total, $ | By Cash $

...0.00 Names of Lodges ... Insurance Companies ...

...the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Sign Name of Funeral Director) ... days from date. Interest to accrue from ...of aforesaid sum, and I hereby covenant and agree to pay the same within ... rate of 6% per annum.

Signed ...

Address ...

Compiled by F. J. PRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. [illegible] Yearly No. 102 Date [illegible] 26th 19

Name of Deceased [illegible] (Single—Married—Divorced) [illegible] (What Race) [illegible] (Where Born)

Residence of Deceased [illegible] Broome St. Husband—Wife—Widow— [illegible] Harry Cooper

Charge to Mr. Harry Marsh Step Father

Address 2[illegible] Broome St.

Order given by Harry Marsh

How Secured

Occupation of Deceased Student

Name of Employer

Address

Date of Death [illegible] 22nd [illegible] (Date)

Date of Birth [illegible] 19[illegible] 1930

Age 8 (Years) 11 (Months) [illegible] (Days)

Date of Funeral 12-2[illegible]-38 (Date) Thurs. (Day of Week) 2:30 P.M. (Hour)

Services at [illegible]

Clergyman Rev. Williams

His Address

Religion of the Deceased

Resided in the State [illegible] (Years) in City or County (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address [illegible] Ave. [illegible]

Name of Father Harry Cooper

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace Ga.

Motor / Ship } Remains to [illegible] N. J.

Size and Style of Casket Coffin white (State Color) [illegible] 4'6"

Manufactured by [illegible] Co.

Interment at [illegible] Cemetery / Crematory

Lot No. 4 [illegible]

Grave No. 44

Section No.

Owner [illegible] 24

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 115 |
| Casket | |
| Metallic Lining | |
| Outside Box [illegible] (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| lins Death Notices in Papers (Names of Newspapers) | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 140 |
| Less | |
| Balance | 140 |
| Entered into Ledger, page or below | |

| To Funeral Charges . . . . Total, $ | By Cash $ |
|---|---|
| | |

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director)

* for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue after maturity at the rate of 6% per annum.

Signed

Witness Address

Compiled by F. J. PEISEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 1 ........ Date Jan. 3rd 1939

Name of Deceased Edgar Valentine (Single—Married—Divorced) Black (What Race) Ma. (Whose Sex)

Residence of Deceased 960 Turner St. Hugo (Precinct—Ward) Jo. Clark

Charge to Miss Rosalee Massey

Address 960 Turner 1st ft. right hand

Order given by Sister Lucy Robinson (or informant)

How Secured

Occupation of Deceased Laborer

Name of Employer

Address

Date of Death Jan. 1st 1939 (Date) (Hour)

Date of Birth Oct. 16, 1910

Age 28 (Years) (Months) (Days)

Date of Funeral 1-5-39 (Date) Thurs. (Day of Week) 2 P. M (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (in U.S. or City or County) (Years) (Months)

Place of Death Mult. City Hosp.

Cause of Death T. B.

Contributory Causes

Certifying Physician Drs. Wojack (or Coroner)

His Address Mult. City Hosp.

Name of Father Edgar Valentine

His Birthplace Ala.

Maiden Name of Mother Angeline Kabney

Her Birthplace Ala.

Motor / Ship } Remains to Linden Al. J.

Size and Style of Casket hinged top embossed plush silver gray mahogany (Decorations)

Manufactured by M. J. Co. Co.

Interment at Rosehill { Cemetery / Crematory

| CARD DELIVERED 1/20/1939 J.B.C. | Lot No. |
|---|---|
| | Grave No. 696 |
| | Section No. 24 |
| Diagram of Lot or Vault | Owner |

| Item | $ | |
|---|---|---|
| Complete Funeral | 175 | |
| Casket | | |
| Metallic Lining | | |
| Outside Box pine (State Kind) painted gray (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body .... with .... Fluid | | |
| Barber, $ .... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ .... Hose, $ | | |
| Suit or Dress, $ .... Slippers, $ | | |
| Folding Chairs, $ (State Color) .... Tarpaulin, $ | | |
| Candelabrum, $ .... Candles, $ | | |
| Door Spray, $ .... Gloves, $ | | |
| Funeral Car, $ .... Ambulance, $ | | |
| Limousines to Cemetery .... @ $ | | |
| Autos to R. R. Station .... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copy of Death Certificate No. (State Number and District) (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ .... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 25 | |
| Cremation | | |
| ....line Death Notices in .... Papers (Name of Newspapers) | | |
| Flowers, $ .... Palms, $ .... Matting, $ | | |
| Rental of Tent, $ .... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ .... Lowering Device, $ | | |
| Outlay for Shipping | | |
| Clergyman, $ .... Singers, $ .... Organist, $ | | |
| Railroad or Motor } Tickets, $ .... Services, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 200 00 | |
| Less | | |
| Balance | | |

Entered into Ledger, page 33 or below.

| To Funeral Charges .... Total, $ | | By Cash | $ |
|---|---|---|---|
| | 5 card 1/20/39 J.B.C. | | |

Insurance $ 250.00 Name of Lodge .... Insurance Companies Atlanta Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness .... Address

Compiled by F. J. FRIESEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 8 Date Jan. 18th 1939

Name of Deceased Valencia Robinson (Single — Married — Divorced) Colored (What Race) Va. (Where Born)

Residence of Deceased 308 Halsted St. S.E. Husband—Wife—Widow of William Robinson

Charge to Walter Robinson Husband

Address 308 Halsted St. S.E.

Order given by Husband (or whom)

How Secured ...

Occupation of Deceased Domestic

Name of Employer ...

Address ...

Date of Death Jan. 15th 1939 (Date) 7:30 P.M. (Hour)

Date of Birth Sept. 24th 1905

Age 33 (Years) (Months) (Days)

Date of Funeral 1-18-39 (Date) Wed. (Day of Week) 1:30 P.M. (Hour)

Services at Union Bapt. Church

Clergyman Rev. ...

His Address ...

Religion of the Deceased Baptist

Resided in the State (or U. S.) (City or County) (Years) (Months)

Place of Death ...

Cause of Death Jan. 15th 1939

Contributory Causes ...

Certifying Physician (or Coroner) ...

His Address ...

Name of Father ...

His Birthplace ...

Maiden Name of Mother ...

Her Birthplace ...

Order Remains to Elizabeth ...

Size and Style of Casket ... half couch, silver gray

Manufactured by ...

Interment at Evergreen Cemetery / Crematory

Lot No. 4 Grave No. 11 Row No. 23 Owner ...

(Diagram of Lot or Vault)

| Item | $ | |
|---|---|---|
| Complete Funeral | 225 | — |
| Casket ... | | |
| Metallic Lining ... (State Kind) | | |
| Outside Box pine painted gray (State Kind) | | |
| Burial Vault ... (State Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body ... | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ 10.00 (State Color) Slippers, $ | 10 | 00 |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to ... | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to ... | | |
| Deliver Flowers to ... | | |
| Removal Charges ... | | |
| Procuring Burial Permit (State Number and District) | | |
| Cert'd. Copies of Death Certificates No. ... (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service ... | | |
| Outlay for Lot ... | 50 | |
| Cremation ... | | |
| 1 line Death Notices in 1 Papers (Names of Newspapers) | 2 | 00 |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb ... | | |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced ... | | |
| Out of town Undertaker's Charges | | |
| Sales Tax ... | | |
| Total Footing of Bill ... | 287 | |
| Less ... | | |
| Balance ... | | |

Entered into Ledger, page 23 or below.

To Funeral Charges Total, $ ... By Cash ... $

Paid 3/25/39 J.C.C.

Insurance $ ... Names of Lodges ... Insurance Companies Equitable Life ...

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally Available to ... (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ... Yearly No. 102 ... Date Aug. 26th

Name of Deceased ... Cooper (Single — Married — Divorced) ... Cooper (First Name) Elizabeth (Middle Name)

Residence of Deceased 2?? Broome St. ... Husband — Wife — Widow — Daughter of Harry Cooper

Charge to Mr. Harry Marsh Step Father

Address — 22? Broome St.

Order given by Harry Marsh

How Secured

Occupation of Deceased ... Student

Name of Employer

Address

Date of Death Aug. 25th 1938 (Date)

Date of Birth Jan. 1927 1930 (Date) (Hour)

Age 8 (Years) 11 (Months) 5 (Days)

Date of Funeral 12.28.38 (Date) Thurs. (Day of Week) 2 P.M. (Hour)

Services at Funeral Home

Clergyman Rev. Williams

His Address

Religion of the Deceased

Resided in the State lifetime (Years) (Months)

Place of Death Residence

Cause of Death Smothered & Burned

Contributory Causes

Certifying Physician Med. Exam. (or Coroner)

His Address 32 1st Av. Mun.

Name of Father Harry Cooper

His Birthplace N.Y.

Maiden Name of Mother Helena Gualone

Her Birthplace Pa.

Motor / Ship } Remains to ... N.J.

Size and Style of Casket Coffin white (Chase Color) Lamb skin 4'6"

Manufactured by W. ... Co.

Interment at ... Cemetery / Crematory

Lot No. 4 ...

Grave No. 44

Section No.

Row — Owner 24

Diagram of Lot or Vault

| | |
|---|---|
| Complete Funeral | $ 11 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box ... pine (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ | |
| Folding Chairs, $ ... (State Color) Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| ... Certif. Copies of Death Certificates No. (State Number and Date) (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| Ins. Death Notices in ... Papers | |
| Flowers, $ ... Palms, $ ... (Names of Newspapers) Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outsider Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |
| Entered into Ledger, page ... or below. | |

| To Funeral Charges ... Total, $ | By Cash ... $ |
|---|---|
| | |

Insurance $   Names of Lodges   Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name / Funeral Direct...)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to maturity at the rate of 6% per annum.

Witness ... Signed ... Address

Compiled by F. A. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 2 Date Jan. 5th 1939

Name of Deceased Hattie Lucas (Single — Married — Divorced) Colored (What Race) N. Carolina (Where Born) Husband—Wife—Widow of William Lucas

Residence of Deceased 70 Ashland Ave. E.O.

Charge to Lucas Lucas - son.

Address 70 Ashland Ave. E.O.

Order given by Son

How Secured Recommended

Occupation of Deceased Housewife

Name of Employer ........

Address ........

Date of Death Jan. 4th 1939 (Date) (Hour)

Date of Birth Sept. 11th 1885

Age 53 (Years) (Months) (Days)

Date of Funeral 1-5-39 (Date) Thurs (Day of Week) 5 P.M. (Hour)

Services at Funeral Home 8 P.M.

Clergyman Elder Givens

His Address N.Y.C.

Religion of the Deceased ........

Resided in the State (in U.S., or City or County) (Years) (Months)

Place of Death Orange Memorial Hosp.

Cause of Death Lymphoma Appendicitis Peritonitis

Contributory Cause Paralytic ileus [illegible]

Certifying Physician (or Coroner) ........

His Address Orange Mem. Hosp.

Name of Father Sidney Pulley

His Birthplace N. Carolina

Maiden Name of Mother Martha ?

Her Birthplace N. Carolina

Motor / Ship } Remains to Johnston - N. Carolina

Size and Style of Casket [illegible] (Trade Color) octagon [illegible] steel gray

Manufactured by N. J. Co. ...

Interment at Johnston N. Carolina { Cemetery / Crematory

Diagram of Lot or Vault

Lot No. ........
Grave No. ........
Section No. ........
Owner ........

| | |
|---|---|
| Complete Funeral | $ 185.00 |
| Casket | |
| Metallic Lining | |
| Outside Box | |
| Burial Vault | |
| Embalming Body ........ with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit ........ (State Number and Distance) | |
| Certif. Copies Death Certificates ........ (Giving Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ........ Ins. Death Notices in ........ Papers | |
| Flowers, $ ........ Palms, $ ........ Matting, $ (Number of Newspapers) | |
| Rental of Tent, $ ........ Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | |

Entered into Ledger, page 33 or below.

To Funeral Charges . Total, $ By Cash $

Paid 2/17/39

Insurance $ ........ Names of Lodges ........ Insurance Company Metropolitan Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources (Legally available to me) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. (First Name of Funeral Director) Interest to be charged at the rate of 6% per annum, if not paid at maturity.

Signed

Witness Address

Copyrighted by F. J. PRIESMEYER, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 2 Date Jan. 18th 1939

...ased Valiera Robinson (Single — Married — Divorced) Colored (What Race) 2½ ... (Where Born)

...ecease 308 Halsted St. E.C. Husband — Wife — Widow of William Robinson

...alter Robinson Husband

...8 Halsted St. E.C.

... Husband

...ecom. by Elm. Green

... Deceased Domestic

...loyer

... Jan. 15th 1939 3:20 P.M. (Date) (Time)

... Sept. 24th 1905

... 33 (Years) (Months) (Days)

...ral 1-18-39 Wed. 1:30 (Date) (Day of Week) (Time)

... Union Bapt. Church

... Rev. Wm. Green

... Calvert Cem. Campt

...e Deceased Baptist

...e Stat... (or if from City or County) (Years) (Months)

...h Beth Israel Hosp.

...th Jan. 15th 1939

... Cause

...ysician (or Coroner)

...her

...e

...e of Mother

...ace

...ins to Elizabeth N.J.

...e of Casket Oblong and half (Trade Name) silver grey

...ed by W.J.C.C.

... Cemetery / Crematory

Lot No. 4

Grave No. 14

Row No. 23

Owner

| | |
|---|---|
| Complete Funeral | $ 225 — |
| Casket | |
| Metallic Lining | |
| Outside Box pine painted grey (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ 10.00 (State Color) Slippers, $ | 10.00 |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and Date) | |
| Certif. Copies of Death Certificates No. (Signs Physician's or Coroner) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 50 — |
| Cremation | |
| 1 line Death Notices in 1 Papers | 2.00 |
| Flowers, $ (Name of Newspapers) Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 287 — |
| Less | $ |
| Balance | $ |

Entered into Ledger, page 33 or below.

| To Funeral Charges ... Total, $ | | By Cash |
|---|---|---|
| | Paid 1/28/39 J.E.C. | |

Names of Lodges

Insurance Companies Equitable Life Ins.

...curse the above Funeral, and I hereby represent that I have sufficient insurance Legally available to ... (Give Name of Funeral Director) ... days from date. Interest to accrue from ...

...ent of aforesaid sum, and I hereby covenant and agree to pay the same within ...

...the rate of 6% per annum.

Signed

Address

Compiled by F. J. WICKERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 2 Date Jan. 5 ... 19..

Name of Deceased [illegible] Lucas (Single — Married — Divorced) Colored (What Race) [illegible] (Where born)

Residence of Deceased [illegible] Ashland Ave. [illegible] Husband—Wife—Father William Lucas

Charge to [illegible] Lucas - son

Address [illegible] Ashland Ave. [illegible]

Order given by son

How Secured recommended

Occupation of Deceased [illegible]

Name of Employer ........

Address ........

Date of Death Jan. 4th 193[illegible]

Date of Birth Sept. [illegible]

Age 57 (Years) (Months) (Days)

Date of Funeral [illegible] (Date) [illegible] (Day of Week) (Hour)

Services at Funeral Home [illegible] P.M.

Clergyman [illegible]

His Address [illegible]

Religion of the Deceased ........

Resided in the State ........

Place of Death [illegible]

Cause of Death [illegible]

Contributory Cause [illegible]

Certifying Physician ........ (or Coroner)

His Address [illegible]

Name of Father [illegible]

His Birthplace N. Carolina

Maiden Name of Mother [illegible]

Her Birthplace N. Carolina

Ship Remains to [illegible] N. Carolina

Size and Style of Casket [illegible] (State Color)

Manufactured by [illegible]

Interment at [illegible] N. Carolina (Cemetery / Crematory)

Lot No. ........

Grave No. ........

Section No. ........

Owner

Diagram of Lot or Vault

| | |
|---|---|
| Complete Funeral | $ [illegible] |
| Casket | |
| Metallic Lining ........ | |
| Outside Box [illegible] (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body ...... with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ ... | |
| Dressing Body | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ Slippers, $ | |
| Folding Chairs, $ .... Tarpaulin, $ .... | |
| Candelabrum, $ .... Candles, $ | |
| Door Spray, $ .... Gloves, $ | |
| Funeral Car, $ .... Ambulance, $ | |
| Limousines to Cemetery .... @ $ | |
| Autos to R. R. Station .... @ $ | |
| Getting Remains from | |
| Taking Remains to .... | |
| Trip to Coroner's Inquest ........ | |
| Delivering Box to | |
| Deliver Flowers to .... | |
| Removal Charges ........ | |
| Procuring Burial Permit (Give Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ .... Use of Chapel, $ | |
| Personal Service. | |
| Outlay for Lot. ........ | |
| Cremation ........ | |
| Publish Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ .... Palms, $ .... Matting, $ | |
| Rental of Tent, $ .... of Temporary Vault, $ | |
| Opening of Grave or Tomb ........ | |
| Lining Grave, $ .... Lowering Device, $ | |
| Outlay for Shipping Charges ........ | |
| Clergyman, $ .... Singers, $ .... Organist, $ | |
| Railroad or Motor Tickets, $ .... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced ........ | |
| Out of town Undertaker's Charges .... | |
| Sales Tax ........ | |
| Total Footing of Bill | $ |
| Less .. | $ |
| Balance | $ |
| Entered into Ledger, page 33 or below. | |

| To Funeral Charges .... Total, $ | By Cash ........ $ |
|---|---|
| | |

Insurance $ ........ Name of Lodge ........ Insurance Company [illegible]

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral ........) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. PEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ...... Yearly No. 3 ...... Date Jan. 18th 1939

Name of Deceased: Valucia Robinson (Single — Married — Divorced) Colored (What Race) Va. (Where Born)

Husband — Wife — Widow: William Robinson

Residence of Deceased: 308 Halsted St. E.O.

Charge to: Walter Robinson — Husband

Address: 308 Halsted St. E.O.

Order given by: Husband (or informant)

How Secured: [illegible]

Occupation of Deceased: Domestic

Name of Employer: ......

Address: ......

Date of Death: Jan. 15th 1939 (Year) 3:30 P.M. (Hour)

Date of Birth: Sept. 24th 1865

Age: 73 (Years) (Months) (Days)

Date of Funeral: 1-18-39 (Date) Wed. (Day of Week) 1:30 P.M. (Hour)

Services at: Union Bapt. Church

Clergyman: Rev. Mc [illegible]

His Address: [illegible]

Religion of the Deceased: Baptist

Resided in the State: (or U. S., Spell City or County) (Years) (Months)

Place of Death: [illegible]

Cause of Death: Jan. 15th 1939

Contributory Causes: ......

Certifying Physician: ...... (or Coroner)

His Address: ......

Name of Father: ......

His Birthplace: ......

Maiden Name of Mother: ......

Her Birthplace: ......

Remains to: Elizabeth [illegible]

Size and Style of Casket: [illegible] (State Color)

Manufactured by: [illegible]

Interment at: [illegible] (Cemetery / Crematory)

Lot No. 4

Grave No. 11

Section No. 23

Owner: ......

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 225 | — |
| Casket | | |
| Metallic Lining | | |
| Outside Box: pine, painted grey (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ...... with ...... Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ...... Hose, $ | | |
| Suit or Dress, $ 10.00 (State Color) Slippers, $ | 10 | 00 |
| Folding Chairs, $ ...... Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Spray, $ ...... Gloves, $ | | |
| Funeral Car, $ ...... Ambulance, $ | | |
| Limousines to Cemetery ...... @ $ | | |
| Autos to R. R. Station ...... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| ...... Certif. Copies of Death Certificate No. ...... | | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 50 | — |
| Cremation | | |
| 1 Ins Death Notices in 1 Papers (Names of Newspapers) | 2 | 00 |
| Flowers, $ ...... Palms, $ ...... Matting, $ | | |
| Rental of Tent, $ ...... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ...... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | |
| Railroad or Steamship Tickets, $ ...... Auto or plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 287 | — |
| Less | | |
| Balance | | |

Entered into Ledger, page 33 or below.

To Funeral Charges ...... Total, $ ......

Paid 2/25/39 [illegible]

By Cash $

Insurance $ ...... Names of Lodges ...... Insurance Company: Equitable, [illegible]

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ...... (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ......

Witness ...... Address ......

Compiled by F. J. PEDEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 5 Date Feb. 3rd 1939

Name of Deceased Mr. Lacy Joyner (Given—Spouse—Surname) Colored (White Race) Va. (Where Born)

Residence of Deceased 270 Linear St. [illegible] (Colored—White—Widow) or Viola [illegible]

Charge to Mrs Viola Joyner wife

Address 270 Linear St. Newk.

Order given by Wife (or Informant)

How Secured

Occupation of Deceased Apt. House Supt.

Name of Employer

Address

Date of Death Jan. 21st 1939 (Date) 11. Pm (Hour)

Date of Birth About 1883

Age 56 (Years) (Months) (Days)

Date of Funeral 1-24-39 (Date) Tues. (Day of Week) (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased Bapt.

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death Newk. City Hosp.

Cause of Death Carcinoma of Penis

Contributory Causes

Certifying Physician H. S. Martland C. Med. Ex (or Coroner)

His Address Newk. City Hosp. Lab.

Name of Father [illegible] Joyner

His Birthplace Va

Maiden Name of Mother Clara ?

Her Birthplace Va

(Interment) Remains to [illegible] N. J.

Size and Style of Casket #[illegible] cut top square end coffin steel grey (Name Casket)

Manufactured by N. J. Co. Co

Interment at Rosehill (Cemetery / Crematory)

Grave + Opening Interment dat. (Diagram of Lot or Vault)

Interment Lot No. 13,372

Grave No. 583

Section No. 24

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 75 | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ...... with ...... Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ...... Hose, $ | | |
| Suit or Dress, $ (State Cost) ...... Slippers, $ | | |
| Folding Chairs, $ ...... Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Spray, $ ...... Gloves, $ | | |
| Funeral Car, $ ...... Ambulance, $ | | |
| Limousines to Cemetery ...... @ $ | | |
| Autos to R. R. Station ...... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| ....Certif. Copies of Death Certificates No. (from Physician's or Coroner's) | | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 25 | |
| Cremation | | |
| line Death Notices in ...... Papers (Names of Newspapers) | | |
| Flowers, $2.50 Palms, $ ...... Matting, $ | 2 | 50 |
| Rental of Tent, $ ...... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ...... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ 3. Singers, $ ...... Organist, $ | 3 | 00 |
| Railroad or Motor Tickets, $ ...... Aero-plane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 105 | 50 |
| Less Disc. for flowers | | 50 |
| Balance | 106 | — |

Entered into Ledger, page ...... or below.

| To Funeral Charges ...... Total, $ | By Cash $ |
|---|---|
| | Paid Feb. 1st 1939 D. C. C. |

Insurance $ 120.— Names of Lodges ...... Insurance Companies Wash. Natl

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ......

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ..................... Yearly No. 2 ..................... Date Jan. 5th

Name of Deceased Sadie Lucas (Male — Married — Divorced) Colored (White Race) ...... (White Boys)

Residence of Deceased 72 Ashland Ave. E.O. Husband—Wife—Widow of William Lucas

Charge to Andrew Lucas & sons

Address 72 Ashland Ave. E.O.

Order given by son (by phone/letter)

How Secured

Occupation of Deceased housewife

Name of Employer

Address

Date of Death Jan. 4th 1938 (Date) (Hour)

Date of Birth Sept. 12th 1885

Age 51 (Years) (Months) (Days)

Date of Funeral 1-8-38 Thurs. (Date) (Day of Week) (Hour)

Services at Funeral Home 8 P.M.

Clergyman Elder Givens

His Address N.Y.C.

Religion of the Deceased

Resided in the State (in U.S. or City or County) (Years) (Months)

Place of Death Orange Memorial Hosp.

Cause of Death

Contributory Cause

Certifying Physician (or Coroner)

His Address Orange Mem. Hosp.

Name of Father Sidney Pulley

His Birthplace N. Carolina

Maiden Name of Mother Martha ?

Her Birthplace N. Carolina

Motor / Ship Remains to Zebulon N. Carolina

Size and Style of Casket (State Color)

Manufactured by N. J. Co.

Interment at Zebulon N. Carolina (Cemetery / Crematory)

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| | |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ ...... Slippers, $ | |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificates No. | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ...line Death Notices in ... Papers | ✓ |
| Flowers, $ ...... Palms, $ ...... Matting, $ | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ...... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergy, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor Tickets, $ ...... Aeroplane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | ✓ |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |

Entered into Ledger, page 23 or below.

To Funeral Charges ...... Total, $

By Cash

Deceased's ...... Name of Lodges ...... Insurance Companies

I hereby authorize the above Funeral and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Director) ... days from date ... before it is due

For the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... maturity at the rate of 6% per annum.

Signed

Witness ...... Address

# RECORD OF FUNERAL

Total No. ........ Yearly No. 4 Date Jan. 19th 1938

Name of Deceased Walter Wallace (Male—Married—Divorced) Colored (What Race) (Where Born)

Residence of Deceased 46 Warren Ave., Hartf. Husband—Wife—Widow—of { Mary Wallace

Charge to Mrs. Eliza Campbell

Address 19 Marquette Ave. Hartf.

Order given by Mr. Campbell sister in law (or informant)

How Secured —

Occupation of Deceased W.P.A.

Name of Employer

Address

Date of Death Jan 17th 1938 (Date) 11:30 P.M. (Time)

Date of Birth March 17th 1882

Age 56 (Years) (Months) (Days)

Date of Funeral 1-18-38 (Date) Thurs. (Day of Week) 11 AM (Hour)

Services at Funeral Home

Clergyman No Clergy

His Address

Religion of the Deceased —

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Hartf. City Hosp.

Cause of Death Heart failure

Contributory Causes Chr. Bronchitis

Certifying Physician (or Coroner)

His Address

Name of Father Simon Wallace

His Birthplace Washington D.C.

Maiden Name of Mother Jennie ?

Her Birthplace Va.

Motor / Ship } Remains to Linden St. ...

Size and Style of Casket Cld. bx, square and steel gray (Trade Office)

Manufactured by C.M.J. Co. Co.

Interment at Rosehill { Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ |
|---|---|
| Complete Funeral | 75 |
| Casket | |
| Metallic Lining | |
| Outside Box W.W.P. (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... with ... Fluid (State Kind) | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ | |
| Folding Chairs, $ ... (State Color) Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| line Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor } Tickets, $ ... Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 100 |
| Less | |
| Balance | 100 |

Entered into Ledger, page 33 or below.

| To Funeral Charges ... Total, $ | By Cash $ |
|---|---|
| 3/31/39 Paid 100 | |

Insurance $ ... Name of Lodges ... Insurance Company Metropolitan Life

I hereby authorize the above Funeral, and I hereby represent that I have sufficient insurance legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of 6% per annum. (First Name of Funeral Director)

Witness ... Signed ... Address

# RECORD OF FUNERAL

Yearly No. 5 Date Feb. 3rd 1938

...ased Mr. Leroy Joyner Colored Va.
(Given—Married—Surname) (What Race) (Where Born)

...Deceased 270 Linn St. basement (Husband or Wife or Relative) Viola Joinnana

...Viola Joyner—wife
...270 Linn St. Hot. [illegible]
... Wife (of or Relative)

...Deceased Apt. House Supt.

...Jan. 31st 1938 11 P.M. (Date) (Hour)
...About 1883
...54 (Years) (Months) (Days)
...1-24-38 Tues. (Date) (Day of Week) (Hour) M.
...Funeral Home

...Deceased Supt.
...State (in U.S. or City or County) (Years) (Months)
...Hot. City Hosp.
...Carcinoma of Penis
...Causes
...sician H. S. Maitland C. Med. Ex. (or Coroner)
...Hot. City Hosp. Lab.
...James Joyner
...Va.
...of Mother Clara ?
...Va.
...s to Linden & H. J.
...of Casket 6' cut top square (State Color)
...coffin steel grey
...by M. J. Co. Co.
...Rosehill (Cemetery / Crematory)

...Opposite del.
Lot No. 13,578
Grave No. 582
Section No. 24
Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 75 | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ (State Color) Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 25 | — |
| Cremation | | |
| line Death Notices in Papers (Names of Newspapers) | | |
| Flowers, $2.50 Palms, $ Matting, $ | 2 | 50 |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ 3 Singers, $ Organist, $ | 3 | 00 |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 105 | 50 |
| Less Alw. for flowers | | 50 |
| Balance | 104 | — |

Entered into Ledger, page ... or below.

To Funeral Charges .... Total, $

By Cash ... $

Cash Feb 1st 1938 D. C. C.

...20 — Names of Lodges Insurance Companies Hark. Hall

...the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors)
...of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from ...rate of 6% per annum.

Signed

Address

Compiled by F. F. FEISERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 4 ........ Date Jan. 19th 19

Name of Deceased Walter Wallace (Single—Married—Divorced) Colored (What Race) (Where Born)

Residence of Deceased 46 [illegible] Ave. Norfolk, Husband—Wife—Widow—Widower of Mary [illegible]

Charge to Mrs. [illegible] Campbell

Address 18 [illegible] Ave. Norfolk

Order given by Mrs Campbell, sister-in-law (Informant)

How Secured ........

Occupation of Deceased W.P.A.

Name of Employer ........

Address ........

Date of Death Jan. 17th 1939 (Date) 10:30 P.M. (Hour)

Date of Birth March 17th 1882

Age 56 (Years) (Months) (Days)

Date of Funeral 1-19-39 (Date) Thurs. (Day of Week) 11 A.M. (Hour)

Services at Funeral Home

Clergyman Mr. Clergy

His Address ........

Religion of the Deceased ........

Resided in the State ........ (or U. S. or City or Country) (Years) (Months)

Place of Death Norfolk City Hosp.

Cause of Death Heart failure

Contributory Causes [illegible]

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father Simon Wallace

His Birthplace Washington D.C.

Maiden Name of Mother Jennie ?

Her Birthplace Va.

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] (State Color) steel gray

Manufactured by [illegible] Co.

Interment at Rosehill (Cemetery / Crematory)

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

(Shape of Lot or Vault)

| Item | Amount |
|---|---|
| Complete Funeral ........ $ | 75 |
| Casket | |
| Metallic Lining | |
| Outside Box [illegible] (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ........ with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ (State Color) ........ Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| ........ Ins Death Notices in ........ Papers (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill ........ $ | 100 |
| Less ........ $ | |
| Balance ........ $ | 100 |

Entered into Ledger, page 33 or below.

| To Funeral Charges.... Total, $ | | By Cash | $ |
|---|---|---|---|
| 7-3 paid 1/31/39 [illegible] | | | |

Insurance $ ........ Name of Lodges ........ Insurance Companies Met. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue at maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. PRINZMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 5 ............ Date Feb. 3rd 1939

Name of Deceased Mr Percy Jayman (Single—Married—Divorced) Colored (What Race) Va. (Where Born)

Residence of Deceased 270 Lines St. Married—Wife—Widow of Viola Jamison

Charge to Mrs Viola Jayman wife

Address 270 Lines St. Hulk

Order given by Wife

How Secured

Occupation of Deceased Apt. House Supt.

Name of Employer

Address

Date of Death Jan. 21st 1939 (Date) 11 P.M. (Hour)

Date of Birth About 1883

Age 56 (Years) (Months) (Days)

Date of Funeral 1-24-39 Tues. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased Bapt.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Hulk City Hosp.

Cause of Death Carcinoma of Liver

Contributory Causes

Certifying Physician H. S. Maitland C. Med. Ex. (or Coroner)

His Address Hulk City Hosp. Lab.

Name of Father Jerome Jayman

His Birthplace Va

Maiden Name of Mother Clara ?

Her Birthplace Va

Remains to Tarrant & H. S.

Size and Style of Casket 6' cut top square end coffin steel gray (State Color)

Manufactured by N. S. Co. Co.

Interment at Rosehill (Cemetery / Crematory)

Grave & Opening interment on east side

Lot No. 13,578

Grave No. 589

Section No. 34

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 75 | – |
| Casket | | |
| Metallic Lining .... (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with ...... Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ...... Hose, $ | | |
| Suit or Dress, $ ...... Slippers, $ | | |
| Folding Chairs, $ (State Color) ...... Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Spray, $ ...... Gloves, $ | | |
| Funeral Car, $ ...... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Date) | | |
| ... Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 25 | – |
| Cremation | | |
| ... Death Notices in ... Papers | | |
| Flowers, $2.50 (Name of Florist) Palms, $ ...... Matting, $ | 2 | 50 |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ...... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $3 ... Singers, $ ... Organist, $ | 3 | 00 |
| Railroad or Motor Tickets, $ ... Aero-plane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 105 | 50 |
| Less Allow. for flowers | | 50 |
| Balance | 106 | – |

Entered into Ledger, page .... or below.

To Funeral Charges .... Total, $

By Cash

Paid Feb. 2 1939 S.C.

Interment 1/20 ... Name of Lodge

Executive Committee: Peoples' Hall

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within (Give Name of Funeral Director) days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ...... Address

Compiled by F. A. Neidermann, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 7 Date Feb. 3rd 1939

Name of Deceased Mr. Charles Bridges (Master—Married—Deceased) Colored (What Race) (Where Born)

Residence of Deceased 131 Somerset St. 1st Husband—Wife—Widow or Lillian Smith

Charge to Mrs Lillian Bridges, wife

Address 131 Somerset St. 1st

Order given by Wife

How Secured

Occupation of Deceased Laborer - junk yard

Name of Employer

Address

Date of Death Jan. 21st 1939 (Date) 12:30 P.M. (Hour)

Date of Birth 1912

Age 27 (Years) (Months) (Days)

Date of Funeral 1-28-39 (Date) Sat. (Day of Week) 11 A.M. (Hour)

Services at Funeral Home

Clergyman Mr. Clergy

His Address

Religion of the Deceased

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death Meth. Colo. Hosp.

Cause of Death T. B.

Contributory Causes

Certifying Physician Hosp. Staff (or Coroner)

His Address

Name of Father ?

His Birthplace Ga.

Maiden Name of Mother Louisa ?

Her Birthplace Ga.

Remains to Linden N.J.

Size and Style of Casket cut top square (State Color) cover silver gray 6'6" 4 handles

Manufactured by N.J. Ca. Co.

Interment at Rosehill {Cemetery / Crematory}

| | |
|---|---|
| Complete Funeral | $ 93 |
| Casket ... 4 handles | |
| Metalic Lining (State Kind) | |
| Outside Box ... Sep. Board (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ (State Color) ... Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| ... Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 118 |
| Less | $ |
| Balance | $ 118 |
| Entered into Ledger, page ... or below. | |

Diagram of Lot or Vault — Lot No. ... Grave No. ... Section No. ... Owner ...

To Funeral Charges .... Total, $ | By Cash $

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of ...% per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 4 Date Jan. 19th

Name of Deceased Walter Wallace (Single — Married — Divorced) Colored (What Race) (Where Born)

Residence of Deceased 46 Lexington Ave. N.Y.C. Husband—Wife—Widow Mary ...

Charge to Mrs ... Campbell

Address 19 ... Ave. N.Y.C.

Order given by Mrs Campbell (or otherwise)

How Secured —

Occupation of Deceased W.P.A.

Name of Employer

Address

Date of Death Jan. 13th 1938 10:30 (Hour)

Date of Birth March 17th 1882

Age 56 (Years) (Months) (Days)

Date of Funeral 1-19-38 (Date) Thurs. (Day of Week) 11 A.M. (Hour)

Services at funeral Home

Clergyman Mr. Clergy

His Address —

Religion of the Deceased —

Resided in the State (in U. S. or City or County) (Years) (Months)

Place of Death Harlem Hosp.

Cause of Death Heart failure

Contributory Causes ...

Certifying Physician (or Coroner)

His Address

Name of Father ... Wallace

His Birthplace Washington D.C.

Maiden Name of Mother ...

Her Birthplace ...

Motor / Body } Remains to Linden N. J.

Size and Style of Casket ... (State Color) steel gray.

Manufactured by ...

Interment at Rosehill { Cemetery / Crematory

| Diagram of Lot or Vault | Lot No. |
|---|---|
| | Grave No. |
| | Section No. |
| | Owner |

| Item | Amount |
|---|---|
| Complete Funeral | $ 75 |
| Casket | |
| Metallic Lining | |
| Outside Box ... (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... with ... (State Kind) Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... (State Color) Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| ... Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| ... line Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 100 |
| Less | $ |
| Balance | $ 100 |

Entered into Ledger, page 33 or below.

| To Funeral Charges....Total, $ | By Cash |
|---|---|
| 75 / 25 / 100 | |

Insurance $ ... Name of Lodges ... Insurance Companies Metr. Life Ins Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue after maturity at the rate of 6% per annum.

Signed

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 6 Date Feb. 2? 1939

Name of Deceased Mrs. Elizabeth Walker (Single, Married, Divorced) Colored (What Race)

Residence of Deceased 124 Sussex St. 2nd fl. Husband—Wife—Widow or George Walker

Charge to Geo. Walker — Wilber Walker

Address 124 Sussex — 1007 Willow St. ...

Order given by Geo. Walker Son (or informant)

How Secured ........

Occupation of Deceased Unemployed

Name of Employer ........

Address ........

Date of Death Jan. 24th 1939 (Date) .. P.M. (Hour)

Date of Birth about 1872

Age .. (Years) (Months) (Days)

Date of Funeral 1-27-39 (Date) Fri. (Day of Week) 2:30 (Hour) P.M.

Services at Funeral Home

Clergyman Rev. McClendon

His Address ........

Religion of the Deceased ........

Resided in the State (or U. S. if City or County) (Years) (Months)

Place of Death Residence

Cause of Death Hypertensive cardio renal

Contributory Causes disease — death in bed.

Certifying Physician Asst. Med. Ex. (or Coroner)

His Address 92 8th Ave. Newark N.J.

Name of Father ? Brown

His Birthplace ?

Maiden Name of Mother Clinda ?

Her Birthplace Va.

Motor / Ship } Remains to Linden N.J.

Size and Style of Casket steel gray 6' (State Color) cut. top. coffin

Manufactured by N.J. Co. Co.

Interment at Rosehill { Cemetery / Crematory

Lot No. 13-? ?

Grave No. 434

Section No. 24

Owner ........

Diagram of Lot or Vault

| Item | |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining | |
| Outside Box pine (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and ...) | |
| ... Certif. Copies of Death Certificates | |
| Pall Bearer Service, $ .... Use of Chapel | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ... line Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ .... Palms, $ .... Matting | |
| Rental of Tent, $ .... of Temporary Vault | |
| Opening of Grave or Tomb | |
| Lining Grave, $ .... Lowering Device | |
| Outlay for Shipping Charges | |
| Clergyman, $ .... Singers, $ .... Organist | |
| Railroad or Motor } Tickets, $ .... Aero-plane Service | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | |
| Less | |
| Balance | |

Entered into Ledger, page 54 .. or below.

To Funeral Charges .... Total, $

By Cash

Paid ... 2-27-39

Insurance ........ Name of Lodges ........ Insurance Company ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ... for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 7 Date Feb. 3rd 1939

...ame: Mr. Charles Bridges (Single—Married—Divorced) Colored (What Race)

...eceased 131 Summerset St. 1st Father—Mother Lillian Smith

...n Lillian Bridges wife
... Summerset St. 1st
Wife (Relationship)

...Deceased Laborer - junk yard

...yer

Jan. 21st 1939 12:30 P. (Date) (Hour)
1912

27 (Years) (Months) (Days)

...1-28-39 Sat. 11 A.M. (Date) (Day of Week) (Hour)
Funeral Home
No Clergy

...Deceased
...State (or U.S. or City or County) (Years) (Months)
... White City Hosp.
T.B.

...nnes

...ician Hosp. Staff (or Coroner)

?
Ga.
...of Mother Louisa ?
Ga.
...to Linden N.J.
...of Casket cut top square (State Color)
...silver gray 6'6" 4 handles
... N.J.C.Co.
...Rosehill { Cemetery / Crematory }

Lot No.
Grave No.
Section No.
Owner

| | |
|---|---|
| Complete Funeral | $ 93 |
| Casket 4 handles | |
| Metallic Lining | |
| Outside Box (State Kind) sgl. board | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| Line Death Notices in Papers (Name of Newspapers) | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 118 |
| Less | $ |
| Balance | $ 118 |
| Entered into Ledger, page or below. | |

| To Funeral Charges .... Total, $ | | By Cash | $ |
|---|---|---|---|
| | | | |

Names of Lodges ... Insurance Companies ...

...the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) ...aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from ...rate of 6% per annum.

Signed

Address

Compiled by F. J. FEDERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 6 ........ Date Feb. 3-9

Name of Deceased Irvin Chigwell Walker (Single – Married – Divorced) Colored (What Race) Va. (Where Born)

Residence of Deceased 104 Somerset St. 3 Fl. Husband – Wife – Widow { George Walker

Charge to Geo. Walker .. Willie Walker

Address 104 Somerset .. 108 Williams St. [illegible]

Order given by Geo. Walker – Son (or informant)

How Secured ........

Occupation of Deceased Unemployed

Name of Employer ........

Address ........

Date of Death Jan. 24th 1939 (Date) [illegible] (Hour)

Date of Birth about 1872

Age [illegible] (Years) (Months) (Days)

Date of Funeral 1-27-39 (Date) [illegible] (Day of Week) 2:30 (Hour) M.

Services at Funeral Home

Clergyman Rev. McClendon

His Address ........

Religion of the Deceased ........

Resided in the State ........ of U. S. or City or County (Years) (Months)

Place of Death Residence

Cause of Death Hypertensive cardio renal

Contributory Causes disease – death in bed.

Certifying Physician Asst. Med. Ex. (or Coroner)

His Address 92 8th Ave. Newark N. J.

Name of Father ? Brown

His Birthplace ?

Maiden Name of Mother Clarissa ?

Her Birthplace Va.

Motor / Shipped } Remains to Linden N. J.

Size and Style of Casket steel gray 6' (State Color) [illegible]

Manufactured by N. J. Co. Co.

Interment at Rosehill { Cemetery / Crematory

Lot No. 13,572

Grave No. 434

Section No. 24

Owner ........

Diagram of Lot or Vault

| Item | Amount |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining | |
| Outside Box pine (Style Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copy of Death Certificate No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| ........ line Death Notices in ........ Papers (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |

Entered into Ledger, page 134 .. or below.

To Funeral Charges .... Total, $ ........ By Cash ........ $

Paid [illegible] 1-25-1939

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue after maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEDERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ...... Yearly No. 7. Date Feb. 3rd 1939

Name of Deceased Mr. Charles Bridges Colored

Residence of Deceased 131 Somerset St. 1st | Lillian Smith

Charge to Mrs. Lillian Bridges wife

Address 131 Somerset St. 1st

Order given by Wife

How Secured

Occupation of Deceased laborer - junk yard

Name of Employer

Address

Date of Death Jan. 21st 1939 12:30 A.M.

Date of Birth 1912

Age 27

Date of Funeral 1:28:39 Sat. 11 A.M.

Services at Funeral Home

Clergyman Mr. Clargey

His Address

Religion of the Deceased

Resided in the State

Place of Death Herb. City Hosp.

Cause of Death T. B.

Contributory Causes

Certifying Physician Hosp. Staff

His Address

Name of Father ?

His Birthplace Ga.

Maiden Name of Mother Louisa ?

Her Birthplace Ga.

Remains to Linden N.J.

Size and Style of Casket cut top square end silver gray 6' 6" 4 handle

Manufactured by N. J. Co. Co.

Interment at Rosehill Cemetery

Lot No. ......

Grave No. ......

Section No. ......

Owner

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 93 |
| Casket ... 4 handles | |
| Metallic Lining | |
| Outside Box ... sup. board | |
| Burial Vault | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificates No. | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| ...line Death Notices in ... Papers | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 118 |
| Less | |
| Balance | 118 |

Entered into Ledger, page ... or below.

To Funeral Charges ... Total, $ | By Cash $

Insurance $ ...... Names of Lodges ...... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ...... Address

Compiled by P. J. FREITEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 9. .... Date .. Feb. 3rd ...... 1939

Name of Deceased Miss Erma Hyler (Single — Married — Divorced) ...... Colored (What Race) ...... (Where Born)

Residence of Deceased 29 Oakwood Ave. 2nd fl. (Daughter, Wife, Widow, Widower, Son) 2nd daughter of Lynwood Hyler

Charge to Mr. Lynwood Hyler, father

Address 29 Oakwood Ave. 2nd fl.

Order given by Father

How Secured

Occupation of Deceased student

Name of Employer

Address ...

Date of Death Jan. 28th 1939 (Date) ...... 9:30 A. (Hour)

Date of Birth 1922

Age 17 (Years) (Months) (Days)

Date of Funeral 1-31-39 (Date) Tues. (Day of Week) 2 P. M. (Hour)

Services at Orange Bapt. Church.

Clergyman W. T. Watkins

His Address Central Pl. Orange

Religion of the Deceased ... Bapt.

Resided in the State Lifetime (or U. S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death Pneumonia influenza

Contributory Causes Typh. – Lobar...

Certifying Physician Dr. Albert Nat. [illegible] (or Coroner)

His Address Henry Morgan. Orange

Name of Father Lynwood Hyler

His Birthplace

Maiden Name of Mother Charlotte

Her Birthplace

Shipped Remains to Bloomfield, N. J.

Size and Style of Casket 6' octagon oval hinged top white cov. – Black Interior (State Color)

Manufactured by "N. J. Cat. Co."

Interment at Glendale ( Cemetery / Crematory )

Row Lot No. 2

Grave No. 54

Block Section No. 1

Owner..

Diagram of Lot or Vault

| | | |
|---|---|---|
| Complete Funeral | $ 65 | — |
| Casket | 100 | — |
| Metallic Lining..... | | |
| Outside Box plain painted gray (State Kind) | | |
| Burial Vault ........ (State Kind) | | |
| Embalming Body with ...... (State Kind) Fluid | | |
| Barber, $...... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ...... Hose, $ | | |
| Suit or Dress, $ ...... Slippers, $ | | |
| Folding Chairs, $ ...... Tarpaulin, $ (State Color) | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Spray, $ ...... Gloves, $ | | |
| Funeral Car, $ ...... Ambulance, $ | | |
| Limousines to Cemetery .... @ $ | | |
| Autos to R. R. Station .... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| ___Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 25 | — |
| Cremation | | |
| ✓ line Death Notices in ✓ Papers (Names of Newspapers) | 2 | — |
| Flowers, $ ...... Palms, $ ...... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ...... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ .... Singers, $ .... Organist, $ | | |
| Railroad or Motor Tickets, $ ...... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ 192 | — |
| Less | $ | |
| Balance | $ 192 | — |

Entered into Ledger, page 3 ... or below.

| To Funeral Charges ... Total, $ | By Cash ... $ |
|---|---|
| | |

...... $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ...... Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 6 Date Feb. 2-39

Name of Deceased Mrs. Elizabeth Walker ... Colored ... Va. (Single—Married—Divorced) (What Race) (Where Born)

Residence of Deceased 104 Somerset St. 2 Fl. Husband—Wife—Widow—or— of George Walker

Charge to Geo. Walker ... Wilbur Walker

Address 104 Somerset ... 107 Wilson St. Ambrose Ave.

Order given by Geo. Walker ... Son (Relationship)

How Secured ............

Occupation of Deceased Unemployed

Name of Employer ............

Address ............

Date of Death Jan. 24th 1939 ... A.M. (Date) (Hour)

Date of Birth ... about 1892

Age ... abt. 47 (Years) (Months) (Days)

Date of Funeral 1-27-39 ... Fri. ... 2:30 P.M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Rev. McClinton

His Address ............

Religion of the Deceased ............

Resided in the State ............ (In U. S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death Hypertensive cardio renal

Contributory Causes disease - death in bed.

Certifying Physician Asst. Med. Ex. (or Coroner)

His Address 92 8th Ave. Newark N.J.

Name of Father ? Brown

His Birthplace ?

Maiden Name of Mother Chalia ?

Her Birthplace Va.

Motor / Shop } Remains to Linden N.J.

Size and Style of Casket steel gray 6' (State Color)

cut top coffin

Manufactured by W.J. Co. Co.

Interment at Rosehill ... Cemetery / Crematory

Lot No. 12583

Grave No. 434

Section No. 24

Owner ............

Diagram of Lot or Vault

| | |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining | |
| Outside Box pine (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| ... Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ... line Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay ... Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |

Entered into Ledger, page 84 or below.

To Funeral Charges ... Total, $ ... By Cash ... $

Paid ... 1-25-1939

Insurance $ ... Name of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to maturity at the rate of 6% per annum. (Print Name of Funeral Director)

Signed

Witness ............ Address ............

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 8 ............ Date Feb 3-4 1939

Name of Deceased Mr. William C. Kirkland (Single — Married — Divorced) Colored (White Race) S. Car. (Where Born)

Residence of Deceased 141 Stanton St. E.C. Husband—Wife—Widow of

Charge to Mrs Bertha Crocker Johnston

Address 141 Stanton St. E.O.

Order given by Seiler in law (or informant)

How Secured

Occupation of Deceased Unemployed

Name of Employer

Address

Date of Death Jan 25th 1939 (Date) 1:30 P. (Hour)

Date of Birth Jan 8th 1871

Age 68 (Years) (Months) 17 (Days)

Date of Funeral 1-28-39 Sat (Day of Week) 1:30 PM (Hour)

Services at Mt. Calvary Bapt. Church

Clergyman Rev. C. G. P. Cheek E.O.

His Address

Religion of the Deceased Bapt.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death

Contributory Causes

Certifying Physician Dr. J. J. Shaw (or Coroner)

His Address 185 Park Ave. E.O.

Name of Father Unknown

His Birthplace S.C.

Maiden Name of Mother Unknown

Her Birthplace S.C.

Motor / Ship / Remains to Linden N.J.

Size and Style of Casket square end cut top (State Color) steel gray doe. silver gray int.

Manufactured by N.J. Co. C.

Interment at Rosehill (Cemetery / Crematory)

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 60 — |
| Casket 6 handles | 70 — |
| Metallic Lining | |
| Outside Box (State Kind) pine, painted (State Kind) | |
| Burial Vault | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit Linden (State Number and Date) | 4 75 |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 — |
| Cremation | |
| line Death Notices in Papers (Names of Newspapers) | 2 — |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 162 75 |
| Less | $ |
| Balance | $ 162 75 |

Entered into Ledger, page 34 or below.

| To Funeral Charges .... Total, $ | | | By Cash | $ |
|---|---|---|---|---|

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same sum at maturity at the rate of 6% per annum. (Firm Name of Funeral Director) days from date. Interest to accrue from

Signed

Witness Address

Compiled by F. J. PENNEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 9 Date Feb. 2nd 1939

...eased "Miss Emma ... Hayden (Single or Married) ... Cotwood (What Kind) ... (Where Born)

...Deceased 29 Oakwood Ave. 2nd fl. ... daughter of | Lemmond Hayden.

...Lymmond Hayden, father

29 Oakwood Ave. 2nd fl.

...Father (Relationship)

...Deceased "student

...loyer

... Jan. 28th 1939 ... 9:30 A. (Date) (Hour)

... N.Y.A.

... 17 (Years) (Months) (Days)

...al 2-31-39 [illegible] 2 P.M. (Date) (Day of Week) (Hour)

... [illegible] Bapt. Church

... Mr. T. Walden

... Central Pl. Orange

...Deceased Bapt.

...State [illegible] (or U.S. or City or County) (Years) (Months)

...n Residence

...h. pneumonia Influenza

...Cause [illegible]

...ysician Dr. [illegible] M.D.

... [illegible] Morgan Orange

...r. Lymmond Hayden

...of Mother Charlotte

...ce to Bloomfield N.J.

...of Casket [illegible]

...ied by [illegible]

... Rosedale (Cemetery or Crematory)

... No. 2

Grave No. 52

Outside No. 1

...(Lot Owner) ... Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | 65 | — |
| Casket | 100 | — |
| Metallic Lining | | |
| Outside Box (State Kind) plain [illegible] (State Kind) | | |
| Burial Vault | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ (State Color) Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Date) | | |
| Certif. Copies of Death Certificates No. (Give Physician's or Coroner's) | | |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | 25 | — |
| Cremation | | |
| 1 line Death Notices in 1 Papers (Names of Newspapers) | 2 | — |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 192 | — |
| Less | | |
| Balance | 192 | — |

Entered into Ledger, page 37 or below.

To Funeral Charges ... Total, $

By Cash $

Name of Ledger ... Insurance Company

...the above Funeral, and I hereby represent that I have sufficient resources legally available (Give Name of Funeral Director) ...days from date. Interest to accrue from ...of aforesaid sum, and I hereby covenant and agree to pay the same within ...rate of 6% per annum.

Signed

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 8 ........ Date Feb. 2nd 19

| | |
|---|---|
| Name of Deceased | Mr. William C. Hitchens — Colored, S. Car. |
| Residence of Deceased | 141 Slauban St. C.O. |
| Charge to | Mrs Bertha Crosley Johnson |
| Address | 141 Slauban St. C.O. |
| Order given by | [illegible] |
| How Secured | |
| Occupation of Deceased | [illegible] |
| Name of Employer | |
| Address | |
| Date of Death | Jan 25th 1939, 1:31 [illegible] |
| Date of Birth | Jan 8th 1871 |
| Age | 67 (Years) 17 (Days) |
| Date of Funeral | 1-28-39 Sat 1:30 P.M. |
| Services at | Mt. Calvary Bapt. Church |
| Clergyman | Rev. C. A. P. Cheek C.O. |
| His Address | |
| Religion of the Deceased | Bapt. |
| Resided in the State | |
| Place of Death | Residence |
| Cause of Death | |
| Contributory Causes | |
| Certifying Physician | Dr. J. J. Shaw |
| His Address | 105 [illegible] Ave. C.O. |
| Name of Father | Unknown |
| His Birthplace | S.C. |
| Maiden Name of Mother | Unknown |
| Her Birthplace | S.C. |
| Motor / Ship Remains to | [illegible] |
| Size and Style of Casket | [illegible] steel gray [illegible] gray int. |
| Manufactured by | [illegible] |
| Interment at | Rosehill |
| Lot No. | |
| Grave No. | |
| Section No. | |
| Owner | |

| Item | Amount |
|---|---|
| Complete Funeral | $ 60 |
| Casket [illegible] | 70 |
| Metallic Lining | |
| Outside Box pine, [illegible] | |
| Burial Vault | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Required Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificate No. | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | 25 |
| Cremation | |
| line Death Notices in ... Papers | 2 |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 162 |
| Less | $ |
| Balance | $ 162 |

Entered into Ledger, page 34 or below.

To Funeral Charges ... Total, $ ........ By Cash ........ $

Insurance $ ........ Name of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ... for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue ... maturity at the rate of 6% per annum.

Witness ........ Signed ........ Address ........

# RECORD OF FUNERAL

Total No. ........ Yearly No. 9 ........ Date Feb. 2nd ..... 1939

Name of Deceased Miss Emma Hyler (Single – Married – Divorced) Colored (What Race) (Where Born)

Residence of Deceased 29 Cathwood Ave. 2nd fl. Daughter of Lynwood Hyler

Charge to Mr. Lynwood Hyler, father

Address 29 Cathwood Ave. 2nd fl.

Order given by Father

How Secured

Occupation of Deceased student

Name of Employer

Address

Date of Death Jan. 28th 1939 (Date) 9:30 A. (Hour)

Date of Birth 1922

Age 17 (Years) (Months) (Days)

Date of Funeral 1-31-39 (Date) (Day of Week) 2 P.M. (Hour)

Services at Orange Bapt. Church

Clergyman W. T. Watkins

His Address Central Pl. Orange

Religion of the Deceased Bapt.

Resided in the State Lifetime (in U.S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death Pneumonia, Influenza

Contributory Causes Typh. ... Lobar

Certifying Physician Dr. Albert Ail. Well Dr. (or Coroner)

His Address Hungs. Morgan ... Orange

Name of Father Lynwood Hyler

His Birthplace

Maiden Name of Mother Charlotte

Her Birthplace

Ship Remains to Bloomfield, N.J.

Size and Style of Casket 6' octagon ... (State Color) ... white ... Black ... 

Manufactured by N.J. C. Co.

Interment at Glendale (Cemetery / Crematory)

Range Lot No. 2

Grave No. 54

Block Section No. 1

Owner

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 65 | – |
| Casket | 100 | – |
| Metallic Lining | | |
| Outside Box (State Kind) plain, painted gray | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ ... Slippers, $ | | |
| Folding Chairs, $ ... (State Color) Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. (State Number and Distance) | | |
| Pall Bearer Service, $ ... Use of Chapel, $ (State Physician's or Coroner's) | | |
| Personal Service | | |
| Outlay for Lot | 25 | – |
| Cremation | | |
| 1 line Death Notices in ... 1 ... Papers (Names of Newspapers) | 2 | – |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 192 | – |
| Less | | |
| Balance | 192 | – |

Entered into Ledger, page 32 or below

| To Funeral Charges .... Total, $ | | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance $ ... Names of Lodges ... Insurance Companies ...

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ... (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ........ Address

Compiled by W. J. FEDDEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 11 ........ Date Feb. ........ 1939

Name of Deceased Mrs. Grace Williams (Single—Married—Widowed) ........ Colored (White Race) ........ Pa. (Where Born)

Residence of Deceased 72 Livingston St. 3rd ........ Husband—Wife—Widow ........ Harry Williams

Charge to Mr. Harry Williams ........

Address 72 Livingston St.

Order given by Husband (or informant)

How Secured ........

Occupation of Deceased housewife

Name of Employer ........

Address ........

Date of Death Jan. 31st (Date) ........ 3.30 P. (Hour)

Date of Birth Jan. 31st 1884

Age 55 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) ........ M.

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased Methodist

Resided in the State Years (In U. S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death Cardiac Decompensation

Contributory Causes ........

Certifying Physician Dr. Phillips (or Coroner)

His Address W. Market St.

Name of Father George Davy

His Birthplace Pa.

Maiden Name of Mother Jameson Moore

Her Birthplace Pa.

Motor / Ship Remains to ........

Size and Style of Casket ........ (State Color)

........

Manufactured by ........

Interment at ........ Cemetery / Crematory

Diagram of Lot or Vault

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

| Item | $ | |
|---|---|---|
| Complete Funeral | | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ...... with ...... Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ...... Hose, $ | | |
| Suit or Dress, $ (State Color) ...... Slippers, $ | | |
| Folding Chairs, $ ...... Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Spray, $ ...... Gloves, $ | | |
| Funeral Car, $ ...... Ambulance, $ | | |
| Limousines to Cemetery .... @ $ | | |
| Autos to R. R. Station .... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Date) | | |
| ...... Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ .... Use of Chapel, $ | | |
| Personal Service | | |
| | | |
| Outlay for Lot | | |
| Cremation | | |
| ...line Death Notices in ...... Papers (Names of Newspapers) | | |
| Flowers, $ .... Palms, $ .... Matting, $ | | |
| Rental of Tent, $ .... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ...... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ .... Singers, $ .... Organist, $ | | |
| Railroad or Motor Tickets, $ .... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| | | |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page 67 or below. | | |

| To Funeral Charges .... Total, $ | | By Cash $ |
|---|---|---|
| | | Paid June 8th 1939 F.E.C. |

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 1 Date Feb. 2

Name of Deceased Mr. William C. Pritchard (Single Married Widowed) Colored (What Race)

Residence of Deceased 141 Stauban St. E.C. Husband—Wife—Widow

Charge to Mrs Bertha Crickton Executrix

Address 141 Stauban St. E.C.

Order given by Justus Jones (Informant)

How Secured ..........

Occupation of Deceased Unemployed

Name of Employer ..........

Address ..........

Date of Death Jan 23rd 1939 (Date) 1:31 P. (Hour)

Date of Birth Jan 8th 1871

Age 68 (Years) (Months) 17 (Days)

Date of Funeral 1-28-39 (Date) Sat (Day of Week) 1:30 P.M. (Hour)

Services at Mt. Calvary Bapt. Church

Clergyman Rev. C. A. P. Check E.C.

His Address ..........

Religion of the Deceased Bapt.

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death ..........

Contributory Causes ..........

Certifying Physician Dr. J. J. Shaw (or Coroner)

His Address 105 Park Ave. E.C.

Name of Father Unknown

His Birthplace S.C.

Maiden Name of Mother Unknown

Her Birthplace S.C.

Motor / Ship } Remains to Linden N.J.

Size and Style of Casket square end cut top (State Color) steel gray dec. silver gray int.

Manufactured by N.J. Co. [illegible]

Interment at Rosehill { Cemetery / Crematory }

Diagram of Lot or Vault

Lot No. ..........

Grave No. ..........

Section No. ..........

Owner ..........

Complete Funeral ..........

Casket 6 handles

Metallic Lining ..........

Outside Box pine, prim[illegible] (State Kind)

Burial Vault (State Kind)

Embalming Body ...... with ...... (State Kind) Fluid

Barber, $ ...... Hair Dressing, $

Dressing Body ..........

Underwear, $ ...... Hose, $

Suit or Dress, $ ...... (State Color) Slippers, $

Folding Chairs, $ ...... Tarpaulin, $

Candelabrum, $ ...... Candles, $

Door Spray, $ ...... Gloves, $

Funeral Car, $ ...... Ambulance, $

Limousines to Cemetery ...... @ $

Autos to R. R. Station ...... @ $

Getting Remains from ..........

Taking Remains to ..........

Trip to Coroner's Inquest

Delivering Box to ..........

Deliver Flowers to ..........

Removal Charges ..........

Procuring Burial Permit [illegible] (State Number and Date)

Certif. Copies of Death Certificates No. ...... (State Physician's or Coroner's)

Pall Bearer Service, $ ...... Use of Chapel, $

Personal Service ..........

Outlay for Lot ..........

Cremation ..........

See Death Notices in ...... Papers (Names of Newspapers)

Flowers, $ ...... Palms, $ ...... Matting, $

Rental of Tent, $ ...... of Temporary Vault, $

Opening of Grave or Tomb ..........

Lining Grave, $ ...... Lowering Device, $

Outlay for Shipping Charges ..........

Clergyman, $ ...... Singers, $ ...... Organist, $

Railroad / or Motor } Tickets, $ ...... Aeroplane Service, $

Telegr., Phone, Cable or Radio Charges

Cash Advanced ..........

Out of town Undertaker's Charges

Sales Tax ..........

Total Footing of Bill ..........

Less ..........

Balance

Entered into Ledger, page 34 or below.

To Funeral Charges ..Total, $

By Cash

Insurance $ ...... Names of Lodges ...... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral ...) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Int... maturity at the rate of 6% per annum.

Signed

Witness ..........

# RECORD OF FUNERAL

Total No. ............ Yearly No. 10 Date Feb. 3rd 1939

Name of Deceased Mrs. Amelia Briggs (Single—Married—Widowed) Colored (What Race) S. Car. (Where Born)

Residence of Deceased 96 Waverly Ave. 1st fl. left — Widow — of Lucinda Williams

Charge to Mrs. Annie Allen, daughter

Address 96 Waverly Ave. 1st fl. left

Order given by: daughter (or substance)

How Secured

Occupation of Deceased Unemployment

Name of Employer

Address

Date of Death Jan 29th 1939 5:45 P. (Date) (Hour)

Date of Birth 1872

Age 66 (Years) (Months) (Days)

Date of Funeral 6 Day 2-2-39 Thurs (Date) (Day of Week) (Hour)

Services at —

Clergyman —

His Address —

Religion of the Deceased —

Resided in the State — (in U. S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death Myocarditis

Contributory Causes nephritis

Certifying Physician Dr. J. O. Hill (or Coroner)

His Address 84 Barclay St. 1st fl.

Name of Father ?

His Birthplace

Maiden Name of Mother Jenny ?

Her Birthplace Charleston S. C.

Motor / Ship } Remains to X Potters Field

Size and Style of Casket X (State Color)

Manufactured by —

Interment at Potters Field { Cemetery / Crematory }

Lot No.

Grave No.

Section No.

Owner

(Diagram of Lot or Vault)

To Funeral Charges.... Total, $

| Complete Funeral | $ |
|---|---|
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ | |
| Folding Chairs, $ (State Color) ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ...line Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |

Entered into Ledger, page ... or below.

By Cash $

Body turned over to the Potters Field 2-3-1939

Insurance $ ... Names of Lodges ... Insurance Company

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of 6% per annum. (Firm Name of Funeral Directors)

Signed

Witness ... Address

# RECORD OF FUNERAL

Yearly No. 11 Date Feb. 19 39

...ed Mrs. Grace Williams (Single—Married—Divorced) Colored (What Race)

...eceased 72 Livingston St. 1st Fl. (Husband—Wife—Widow...) Derry, Williams

Derry, Wm. W. ... & bro.

Livingston St.

... Husband (or informant)

...eceased Housewife

...yer

Jan 31st 3:30 P. (Date) (Hour)

Jan 31st 1884

55 (Years) (Months) (Days)

(Date) (Day of Week) (Hour)

...eceased Methodist

...tate Georgia (City & County) (Years) (Months)

Residence

Cardiac Decompensation

...uses

...ician Dr. Phillips (or Coroner)

W. Market St.

George Derry

Pa.

...f Mother Tamson Moore

Pa.

...to

...f Casket (State Color)

...y

(Cemetery / Crematory)

Lot No.

Grave No.

Section No.

Owner

| | |
|---|---|
| Complete Funeral | |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... with ... Fl... | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ (State Color) | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ...Ins Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor } Tickets, $ ... Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | |
| Less | |
| Balance | |

Entered into Ledger, page 63 or below.

| To Funeral Charges ... Total, $ | | | By Cash |
|---|---|---|---|
| | | | Paid Feb 8th 1939 L. E. C. |

Names of Lodges ... Insurance Companies

...he above Funeral, and I hereby represent that I have sufficient resources Legally available to... (Firm Name of Funeral Directors)

...aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from ...e of 6% per annum.

Signed

Address

Compiled by P. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 10 Date Feb. 2nd 19

Name of Deceased Mrs. Arabia Bright (Single – Married – Divorced) Colored (What Race) S. Car. (Where Born)

Residence of Deceased 96 Waverly Ave. 1st fl. left. ~~Widower~~ ~~Widow~~ of Francis Williams

Charge to Mrs Annie Allen, daughter

Address 96 Waverly Ave. 1st fl. left.

Order given by Daughter (Relationship)

How Secured

Occupation of Deceased Unemployed

Name of Employer

Address

Date of Death Jan 29th 1928 (Date) 4:45 P. (Hour)

Date of Birth 1872

Age 60 (Years) (Months) (Days)

Date of Funeral 6 (Date) 2-2-28 (Day of Week) Thurs (Hour) M.

Services at –

Clergyman –

His Address –

Religion of the Deceased –

Resided in the State – (In U. S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death Myocarditis

Contributory Causes nephritis

Certifying Physician Dr. J. O. Hill (or Coroner)

His Address 84 Barclay St. 1st fl.

Name of Father ?

His Birthplace

Maiden Name of Mother Judy ?

Her Birthplace Charleston S.C.

Motor / Ship } Remains to x Potters Field

Size and Style of Casket x (State Color)

Manufactured by –

Interment at Potters Field { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

Complete Funeral $
Casket
Metallic Lining (State Kind)
Outside Box (State Kind)
Burial Vault (State Kind)
Embalming Body ...with ... Fluid
Barber, $ ... Hair Dressing, $
Dressing Body
Underwear, $ ... Hose, $
Suit or Dress, $ ... Slippers, $ (State Color)
Folding Chairs, $ ... Tarpaulin, $
Candelabrum, $ ... Candles, $
Door Spray, $ ... Gloves, $
Funeral Car, $ ... Ambulance, $
Limousines to Cemetery ... @ $
Autos to R. R. Station ... @ $
Getting Remains from
Taking Remains to
Trip to Coroner's Inquest
Delivering Box to
Deliver Flowers to
Removal Charges
Procuring Burial Permit (State Number and District)
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
Pall Bearer Service, $ ... Use of Chapel, $
Personal Service
Outlay for Lot
Cremation
Ins Death Notices in ... Papers (Names of Newspapers)
Flowers, $ ... Palms, $ ... Matting, $
Rental of Tent, $ ... of Temporary Vault, $
Opening of Grave or Tomb
Lining Grave, $ ... Lowering Device, $
Outlay for Shipping Charges
Clergyman, $ ... Singers, $ ... Organist, $
Railroad or Motor } Tickets, $ ... Aeroplane Service, $
Telegr., Phone, Cable or Radio Charges
Cash Advanced
Out of town Undertaker's Charges
Sales Tax

Total Footing of Bill $
Less $
Balance $
Entered into Ledger, page ... or below.

To Funeral Charges Total, $ | By Cash $

Body turned over to City for Burial Feb. 2nd 1928

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue instantly at the rate of 6% per annum. (Firm Name of Funeral Director)

Signed

Witness ... Address

Compiled by F. J. FEDEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

19 38

Total No. ..................... Yearly No. 11 ............ Date 6th ............ 1939

Name of Deceased Mrs. Grace Williams ......... Colored ...... Pa.

Residence of Deceased 72 Livingston St. 3rd ......... Henry Williams

Charge to Mr. Davy. Mr. Mrs. .... & ....

Address 72 Livingston St.

Order given by Husband

How Secured

Occupation of Deceased housewife

Name of Employer

Address

Date of Death Jan 31st ...... 5:30 P.M.

Date of Birth Jan. 31st 1884

Age 55

Date of Funeral

Services at

Clergyman

His Address

Religion of the Deceased Methodist

Resided in the State Years

Place of Death Residence

Cause of Death Cardiac Decompensation

Contributory Causes

Certifying Physician Dr. Phillips

His Address W. Market St.

Name of Father George Davy

His Birthplace Pa.

Maiden Name of Mother Fannie Moore

Her Birthplace Pa.

Shipped Remains to

Size and Style of Casket

Manufactured by

Interment at ...... Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

(Diagram of Lot or Vault)

Complete Funeral $
Casket
Metallic Lining
Outside Box
Burial Vault
Embalming Body ...... with ...... Fluid
Barber, $ ...... Hair Dressing, $
Dressing Body
Underwear, $ ...... Hose, $
Suit or Dress, $ ...... Slippers, $
Folding Chairs, $ ...... Tarpaulin, $
Candelabrum, $ ...... Candles, $
Door Spray, $ ...... Gloves, $
Funeral Car, $ ...... Ambulance, $
Limousines to Cemetery ...... @ $
Autos to R. R. Station ...... @ $
Getting Remains from
Taking Remains to
Trip to Coroner's Inquest
Delivering Box to
Deliver Flowers to
Removal Charges
Procuring Burial Permit
Certif. Copies of Death Certificates No.
Pall Bearer Service, $ ...... Use of Chapel, $
Personal Service
Outlay for Lot
Cremation
...... line Death Notices in ...... Papers
Flowers, $ ...... Palms, $ ...... Matting, $
Rental of Tent, $ ...... of Temporary Vault, $
Opening of Grave or Tomb
Lining Grave, $ ...... Lowering Device, $
Outlay for Shipping Charges
Clergyman, $ ...... Singers, $ ...... Organist, $
Railroad or Motor Tickets, $ ...... Aeroplane Service, $
Telegr., Phone, Cable or Radio Charges
Cash Advanced
Out of town Undertaker's Charges
Sales Tax

Total Footing of Bill $

Less $

Balance $

Entered into Ledger, page 67 or below.

| To Funeral Charges ...... Total, $ | By Cash $ |
|---|---|
| | Paid Jan 6th 1939 H.E.C. |

Insurance $ ...... Name of Lodges ...... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ...... (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ...... Address

Compiled by F. J. [illegible], St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 12 Date Feb. 1939

Name of Deceased Mrs Jennie ~~J.~~ Mack (Male — Female — Domestic) Colored (What Race) Married (What Sex)

Residence of Deceased 199 Oakwood Pl. Orange Married—Wife—Widow— Thomas H. Mack.

Charge to Mr. Thomas Mack - husband

Address 199 Oakwood Pl. Orange

Order given by Husband (or otherwise)

How Secured

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death Feb. 2nd 1939 (Date) 1 Pm (Hour)

Date of Birth Oct. 29th 1877

Age 61 (Years) 3 (Months) 3 (Days)

Date of Funeral 2-7-39 Tues. (Day of Week) (Hour) M.

Services at Oakwood Union Bapt. Ch.

Clergyman Rev. Mc Queen.

His Address

Religion of the Deceased Bapt.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Residence.

Cause of Death Chronic Myocarditis

Contributory Causes

Certifying Physician Dr. Alexander. (or Coroner)

His Address Webster Pl. Orange.

Name of Father Emmet Hooper

His Birthplace U/k

Maiden Name of Mother Isabel Hall

Her Birthplace U/k

Remains to Easton Pa.

Size and Style of Casket (State Color)

Manufactured by N.Y. & B.K. B. Co.

Interment at Easton Heights { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| | |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| ...Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ...line Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 746.00 |
| Less | $ |
| Balance | $ |

Entered into Ledger, page 35 ... or below.

To Funeral Charges .... Total, $

By Cash $

Paid Feb. 23, 1939 F.G.C.

Insurance $ ... Names of Lodges ... Insurance Company

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ... for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... (Firm Name of Funeral Directors) days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ... Address

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No.: ............ Yearly No. 10 ............ Date Feb. ...

Name of Deceased Mr. Arabia Bright (Single – Married – Divorced) ............ Colored (What Race)

Residence of Deceased 96 Waverly Ave. 1st Fl. left ............ Jamaica ...

Charge to Mrs. Annie Allen, daughter

Address 96 Waverly Ave. 1st Fl. left

Order given by Daughter (or Informant)

How Secured ............

Occupation of Deceased Unemployed

Name of Employer ............

Address ............

Date of Death Jan 29th 1929 (Date) 6:15 P.M. (Hour)

Date of Birth 1872

Age 60 (Years) ... (Months) ... (Days)

Date of Funeral 6 Feby 2-2-29 Thurs (Date) (Day of Week) (Hour) M.

Services at —

Clergyman —

His Address —

Religion of the Deceased —

Resided in the State ... (in U.S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death Myocarditis

Contributory Causes nephritis

Certifying Physician Dr. J. O. Hill (or Coroner)

His Address 84 Barclay St. 1st Fl.

Name of Father ?

His Birthplace ?

Maiden Name of Mother Jenny ?

Her Birthplace Charleston S. C.

Motor / Ship } Remains to X. Potters Field

Size and Style of Casket X. (State Color)

Manufactured by —

Interment at Potters Field (Cemetery / Crematory)

Lot No. ............

Grave No. ............

Section No. ............

Owner ............

Diagram of Lot or Vault

Complete Funeral

Casket ............

Metallic Lining ............ (State Kind)

Outside Box ............ (State Kind)

Burial Vault ............ (State Kind)

Embalming Body ............ with ............ Fluid

Barber, $ ............ Hair Dressing, $

Dressing Body ............

Underwear, $ ............ Hose, $

Suit or Dress, $ ............ (State Color) Slippers, $

Folding Chairs, $ ............ Tarpaulin, $

Candelabrum, $ ............ Candles, $

Door Spray, $ ............ Gloves, $

Funeral Car, $ ............ Ambulance, $

Limousines to Cemetery ............ @ $

Autos to R. R. Station ............ @ $

Getting Remains from ............

Taking Remains to ............

Trip to Coroner's Inquest

Delivering Box to ............

Deliver Flowers to ............

Removal Charges ............

Procuring Burial Permit ............ (State Number and Date)

Certif. Copies of Death Certificate No. ............ (State Physician's or Coroner's)

Pall Bearer Service, $ ............ Use of Chapel, $

Personal Service ............

Outlay for Lot ............

Cremation ............

... line Death Notices in ............ Papers (Names of Newspapers)

Flowers, $ ............ Palms, $ ............ Matting, $

Rental of Tent, $ ............ of Temporary Vault, $

Opening of Grave or Tomb ............

Lining Grave, $ ............ Lowering Device, $

Outlay for Shipping Charges ............

Clergyman, $ ............ Singers, $ ............ Organist, $

Railroad or Motor } Tickets, $ ............ Aeroplane Service, $

Telegr., Phone, Cable or Radio Charges

Cash Advanced ............

Out of town Undertaker's Charges

Sales Tax ............

Total Footing of Bill ............ $

Less ............ $

Balance ............ $

Entered into Ledger, page ............ or below.

To Funeral Charges ... Total, $ ............ By Cash ............ $

City Burial ... Potters Field ... 2-4-1929

Insurance } ............ Names of Lodges ............ Insurance Companies ............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ............ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ............ days from date. Interest after maturity at the rate of 6% per annum.

Signed ............

Witness ............ Address ............

Compiled by F. J. FEDDEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 12 ........ Date Feb. 2nd ........ 1938

Name of Deceased: Infant Samuel Reynolds (Single – Married – Divorced) Colored (What Race) Male, M. F. (Which Sex)

Residence of Deceased: 49 Barclay St. 3rd fl.

Charge to: Mrs. Alma Reynolds, grandmother — Parent of Lucy Reynolds; Grand-daughter of Mrs. Alma Reynolds

Address: 49 Barclay St. 3rd fl.

Order given by: Grandmother (In Person)

How Secured: "

Occupation of Deceased: Infant

Name of Employer

Address

Date of Death: Jan. 26th 1938 (Date) 2:30 P. (Hour)

Date of Birth: Jan. 25th 1938

Age: 1 day 40 mins (Years) (Months) (Days)

Date of Funeral: — (Date) (Day of Week) (Hour) M.

Services at: —

Clergyman: —

His Address: —

Religion of the Deceased: —

Resided in the State: — (or U. S. or City or County) (Years) (Months)

Place of Death: Community Hospital

Cause of Death: Prematurity

Contributory Causes

Certifying Physician: Dr. R. McColeman (or Coroner)

His Address: W. Kilian St. C.O.

Name of Father: Pagan

His Birthplace: ?

Maiden Name of Mother: Lucy Reynolds

Her Birthplace: Greenville, S. Carolina

Motor / Ship Remains to: Tinton N. J.

Size and Style of Casket: x (State Color)

Manufactured by

Interment at: Forest Hill (Cemetery / Crematory)

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 10 — |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ........ with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ ........ | |
| Dressing Body | |
| Underwear, $ ........ Hose, $ ........ | |
| Suit or Dress, $ ........ Slippers, $ ........ | |
| Folding Chairs, $ ........ (State Color) Tarpaulin, $ ........ | |
| Candelabrum, $ ........ Candles, $ ........ | |
| Door Spray, $ ........ Gloves, $ ........ | |
| Funeral Car, $ ........ Ambulance, $ ........ | |
| Limousines to Cemetery ........ @ $ ........ | |
| Autos to R. R. Station ........ @ $ ........ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| ........ Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ ........ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ........ line Death Notices in ........ Papers (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ ........ | |
| Rental of Tent, $ ........ of Temporary Vault, $ ........ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ........ Lowering Device, $ ........ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ ........ | |
| Railroad or Motor Tickets, $ ........ Aeroplane Service, $ ........ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | |
| Less | |
| Balance | 10 |

Entered into Ledger, page ........ or below.

| To Funeral Charges ........ Total, $ | | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance $ ........ Name of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum. First Name of Funeral Director

Signed ........

Witness ........ Address ........



Total No. ... Name of Decea... Residence of ... Charge to Mrs. Alma ... Address 49 ... Order given by ... How Secured ... Occupation of De... Name of Employ... Address ... Date of Death ... Date of Birth ... Age ... Date of Funeral ... Services at ... Clergyman ... His Address ... Religion of the De... Resided in the St... Place of Death ... Cause of Death ... Contributory Caus... Certifying Physici... His Address ... Name of Father ... His Birthplace ... Maiden Name of M... Her Birthplace ... Remains to ... Size and Style of C... Manufactured by ... Interment at ... Insurance $ ... I hereby authorize the ab... for the payment of afore... maturity at the rate of 6... Witness

# RECORD OF FUNERAL

Yearly No. 13 — Date Feb. 19 39

...ceased Mrs. Jennie B. Mack — Oakwood (Where Born) Va. (Where Born)

...Deceased 129 Oakwood Pl. Orange — Husband—Wife—Widow or of { Thomas H. Mack

...Mr. Thomas Mack, husband

...29 Oakwood Pl. Orange

... Husband (or Informant)

... Deceased Housewife

...loyer

... Feb. 2nd 1939 ... (Hour)

... Oct. 29th 1877 (Born)

... 61 (Years) 3 (Months) 3 (Days)

...al 2-7-39 (Date) Tues. (Day of Week) (Hour) M

... Oakwood Union Bapt. Ch.

...Rev. Mc. Swain

... Deceased Bapt.

...State (in U.S. or City or County) (Years) (Months)

... Residence

... Chronic Myocarditis

...ance

...cian Dr. Alexander (or Coroner)

... Webster Pl. Orange

... Emmit Washington

... Va.

...f Mother Bella Hill

... Va.

... to Easton, Pa.

...f Casket (State Color)

... N.Y. & B.H. B. Co.

... Heights — { Cemetery / Crematory

Lot No. ....

Grave No. ....

Section No. ....

Owner ....

| Item | $ | |
|---|---|---|
| Complete Funeral | | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body .... with .... Fluid | | |
| Barber, $ .... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ .... Hose, $ | | |
| Suit or Dress, $ .... Slippers, $ | | |
| Folding Chairs, $ .... (State Color) Tarpaulin, $ | | |
| Candelabrum, $ .... Candles, $ | | |
| Door Spray, $ .... Gloves, $ | | |
| Funeral Car, $ .... Ambulance, $ | | |
| Limousines to Cemetery .... @ $ | | |
| Autos to R. R. Station .... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Date) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ .... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| line Death Notices in .... Papers (Name of Newspapers) | | |
| Flowers, $ .... Palms, $ .... Matting, $ | | |
| Rental of Tent, $ .... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ .... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ .... Singers, $ .... Organist, $ | | |
| Railroad or Motor Tickets, $ .... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 746 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page 25 or below. | | |

To Funeral Charges .... Total, $

By Cash $

Paid Dec. 23, 1939 F.G.C.

Names of Lodges — Insurance Companies

...e above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors)

...foresaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from ...of 6% per annum.

Signed

Address

Compiled by F. J. FRINCKMAN St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 12 ............ Date ... Feb. 2 ... 19..

Name of Deceased ... Infant Jannie Reynolds (Single — Married — Divorced) ... Colored ... Female

Residence of Deceased 49 Barclay St. 7th fl.

Charge to. Mrs. Alma Reynolds - Grandmother

Address. 49 Barclay St. 7th

Order given by ... Grandmother (or Informant)

How Secured ... -

Occupation of Deceased ... Infant

Name of Employer ...

Address ...

Date of Death Jan. 26th 1939 (Date) 2:30 P. (Hour)

Date of Birth Jan. 25th 1939

Age ... 5 hrs. 10 mins. (Years) (Months) (Days)

Date of Funeral ... (Date) (Day or Night) (Hour)

Services at ...

Clergyman ...

His Address ...

Religion of the Deceased ...

Resided in the State (in U.S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death Premature

Contributory Causes ...

Certifying Physician Dr. R. W. Coleman (or Coroner)

His Address ... W. Boston St. ... C.O.

Name of Father ... Tyrone

His Birthplace ... ?

Maiden Name of Mother Lucy Reynolds

Her Birthplace Greenville S. Carolina

Motor / Ship } Remains to Undertaker

Size and Style of Casket (State Color)

Manufactured by

Interment at Jr. Freehold ... { Cemetery / Crematory

Diagram of Lot or Vault

Lot No. ...

Grave No. ...

Section No. ...

Owner ...

| | |
|---|---|
| Complete Funeral | $ 12 |
| Casket ... | |
| Metallic Lining ... | |
| Outside Box ... (State Kind) | |
| Burial Vault ... (State Kind) | |
| Embalming Body ... with ... (State Kind) Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body ... | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... (State Color) Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from ... | |
| Taking Remains to ... | |
| Trip to Coroner's Inquest ... | |
| Delivering Box to ... | |
| Deliver Flowers to ... | |
| Removal Charges ... | |
| Procuring Burial Permit ... | |
| Certif. Copies of Death Certificates No. ... (State Number and Kind) (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| line Death Notices in ... Papers | |
| (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb ... | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges ... | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges ... | |
| Cash Advanced ... | |
| Out of town Undertaker's Charges ... | |
| Sales Tax ... | |
| Total Footing of Bill ... | $ 12 |
| Less ... | $ |
| Balance ... | $ 12 |
| Entered into Ledger, page ... or below. | |

To Funeral Charges ... Total, $ ... By Cash ... $

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... Days from date ... Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ... Address ...

# RECORD OF FUNERAL

Total No. ..........  Yearly No. 17 ..........  Date Feb. .......... 1939

Name of Deceased Mrs. Jennie H. Mack (Single—Married—Divorced) .......... Colored (What Race) .... Ga. (Where Born)

Residence of Deceased 199 Oakwood Pl. Orange  Husband—Wife—Widow Thomas H. Mack.

Charge to Mr. Thomas Mack, husband

Address 199 Oakwood Pl. Orange

Order given by Husband (or informant)

How Secured ..........

Occupation of Deceased Housewife

Name of Employer ..........

Address ..........

Date of Death Feb. 2nd 1939 (Date) .... (Hour)

Date of Birth Oct. 29th 1877

Age 61 (Years) 3 (Months) 2 (Days)

Date of Funeral 2-7-39 (Date) Tues. (Day of Week) .... (Hour)

Services at Oakwood Union Bapt. Ch.

Clergyman Rev. .... Mc Guire

His Address ..........

Religion of the Deceased Bapt.

Resided in the State .......... (at U.S. or City or County) (Time) (Months)

Place of Death Residence

Cause of Death Chronic Myocarditis

Contributory Causes ..........

Certifying Physician Dr. Alexander (M. Coroner)

His Address Webster Pl. Orange

Name of Father Samuel Harrigan

His Birthplace Ga.

Maiden Name of Mother Belle Hill

Her Birthplace Ga.

Remains to Easton Pa.

Size and Style of Casket ..........

(State Color)

Manufactured by N.Y. & B.K. B. Co.

Interment at Easton Heights (Cemetery / Crematory)

Lot No. ..........

Grave No. ..........

Section No. ..........

Diagram of Lot or Vault  Owner ..........

| Item | $ | |
|---|---|---|
| Complete Funeral | | |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body .... with (State Kind) .... Fluid | | |
| Barber, $ .... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ .... Hose, $ | | |
| Suit or Dress, $ (State Color) .... Slippers, $ | | |
| Folding Chairs, $ .... Tarpaulin, $ | | |
| Candelabrum, $ .... Candles, $ | | |
| Door Spray, $ .... Gloves, $ | | |
| Funeral Car, $ .... Ambulance, $ | | |
| Limousines to Cemetery .... @ $ | | |
| Autos to R. R. Station .... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ .... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| .... line Death Notices in .... Papers (Names of Newspapers) | | |
| Flowers, $ .... Palms, $ .... Matting, $ | | |
| Rental of Tent, $ .... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ .... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ .... Singers, $ .... Organist, $ | | |
| Railroad or Motor Tickets, $ .... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 796 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page 85 or below.

To Funeral Charges .... Total, $

By Cash $

Paid Feb. 23, 1939 F. G. C.

Insurance $ .... Name of Lodge .... Insurance Company ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ..........

Witness .......... Address ..........

Compiled by F. J. FREIDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 34 ........ Date June 8(?) 1938

Name of Deceased Infant Edward Strothers (?) (Single — Married — Separated) ........ (What Race) ........ (Where Born) [illegible]

Residence of Deceased [illegible] Husband—Wife—Widow of ........

Charge to Mrs. [illegible] Strothers

Address [illegible]

Order given by Mrs. Strothers (Informant)

How Secured [illegible]

Occupation of Deceased Infant

Name of Employer ........

Address ........

Date of Death [illegible] (Date) ........ (Hour)

Date of Birth [illegible] 1938

Age ........ Years ........ Months ........ Days

Date of Funeral [illegible] (Day of Week) [illegible] Hour

Services at [illegible] Home

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ in U. S. or City or Country ........ (Years) (Months)

Place of Death City Ho[illegible]

Cause of Death ........

Contributory Causes ........

Certifying Physician Hospital Staff (or Coroner)

His Address City Hospital

Name of Father Harold Strothers (?)

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace Elizabeth [illegible]

Motor / Ship } Remains to ........

Size and Style of Casket 2 ft [illegible] White (State Color) [illegible]

Manufactured by [illegible]

Interment at Rosehill (?) { Cemetery / Crematory }

Diagram of Lot or Vault

Lot No. ........

Grave No. 385 (?)

Section No. 14 A (?)

Owner ........

| | $ | |
|---|---|---|
| Complete Funeral | 25 (?) | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ........ with ........ Fluid | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ (State Color) ........ Slippers, $ | | |
| Folding Chairs, $ ........ Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery ........ @ $ | | |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| ........ Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| ........ line Death Notices in ........ Papers (Names of Newspapers) | | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | | |
| Rental of Tent, $ ........ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ........ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Motor } Tickets, $ ........ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $8 (?) | |
| Less | | |
| Balance | | |

Entered into Ledger, page 34 or below.

| To Funeral Charges ........ Total, $ | | By Cash $ | |
|---|---|---|---|
| | | | |

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum. (Firm Name of Funeral Director)

Witness ........ Signed ........

Address ........

# RECORD OF FUNERAL

Yearly No. 15 .......... Date [illegible] 19[illegible]

...ased Mr. Richie Jones (Single—Married—Divorced) [illegible] (What Race) [illegible] (Where Born)

...ceased 27 Waverly Ave. Newark. Husband—Wife—Widow or

...Hackett [illegible] (Sister)

...[illegible] St. (Newark)

...[illegible]

...[illegible] Street (Occupation)

...Deceased Housewife

...oyer

...Feb. 14th 19[illegible] 1 A.M. (Date) (Hour)

...June 11, 1896

... (Years) (Months) (Days)

...d Feb. 15th Wed. 11 M. (Date) (Day of Week) (Hour)

...Funeral Home

...[illegible]

...Deceased Baptist

...State (or U. S. or City or Country) (Years) (Months)

...City Hospital

...[illegible] Failure

...auses

...sician J. H. [illegible] (or Coroner)

...Hosp.

...[illegible] Clements

...of Mother Living [illegible]

...s to

...of Casket [illegible] Half Couch (Style Color)

...[illegible]

...by [illegible]

...[illegible] { Cemetery Crematory

Lot No.

Grave No. 25

Section No. 11

...t or Vault Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | 163 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body .... with ...... Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ...... Hose, $ | | |
| Suit or Dress, $ ...... Slippers, $ | | |
| Folding Chairs, $ ...... Tarpaulin, $ (State Color) | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Spray, $ ...... Gloves, $ | | |
| Funeral Car, $ ...... Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| 1 Certif. Copies of Death Certificate No. (State Number and District) | 1 | 2? |
| Pall Bearer Service, $ ...... Use of Chapel, $ (State Physician's or Coroner's) | | |
| Personal Service | 100 | 00 |
| Outlay for Lot | | |
| Cremation | | |
| ...line Death Notices in ...... Papers | | |
| Flowers, $ ...... Palms, $ ...... Matting, $ (Name of Newspapers) | | |
| Rental of Tent, $ ...... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | 5? | 00 |
| Lining Grave, $ ...... Lowering Device, $ | 7 | 00 |
| Outlay for Shipping Charges | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | |
| Railroad or Motor Tickets, $ ...... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced [illegible] | 2 | [illegible] |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 234 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ...... or below.

| To Funeral Charges . . Total, $ | | By Cash | $ |
|---|---|---|---|
| Paid March 7th 1947 J. C. | | | |

Names of Lodges ...... Insurance Companies ......

...the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Firm Name of Funeral Director) ...of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from ...rate of 6% per annum.

Signed ......

Address ......

Compiled by F. J. PRIMBAUM, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 14 Date Jan. 26 19..

Name of Deceased Infant Edward Strother (Single—Married—Divorced) Negro (What Race) (Where Born)

Residence of Deceased [illegible] St. [illegible] fl. [illegible] Husband—Wife—Widow—or ...

Charge to Mrs. [illegible] Strother

Address [illegible]

Order given by Mrs. Strother

How Secured [illegible] family (or otherwise)

Occupation of Deceased Infant

Name of Employer [illegible]

Address ........

Date of Death Feb. 4th 19.. [illegible] (Date) (Hour)

Date of Birth ..... [illegible] 1938

Age ........ (Years) (Months) (Days)

Date of Funeral Feb. 6th Thursday 10:30 A. M. (Day of Week) (Hour)

Services at Funeral Home

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ...... in U. S. or City or County (Years) (Months)

Place of Death City Hos.

Cause of Death

Contributory Causes ........

Certifying Physician Hospital Staff (or Coroner)

His Address City Hospital

Name of Father Harold Strother

His Birthplace Bloomfield N.J.

Maiden Name of Mother [illegible]

Her Birthplace Elizabeth N.J.

Motor / Ship } Remains to

Size and Style of Casket 2 ft. [illegible] White (State Color) [illegible]

Manufactured by N. J.

Interment at Rosehill { Cemetery / Crematory

Lot No. ........

Grave No. 385

Section No. 14 A

Owner

Diagram of Lot or Tomb

| Item | $ |
|---|---|
| Complete Funeral | 25.00 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ...... with ...... Fluid | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ (State Color) ...... Slippers, $ | |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousines to Cemetery ...... @ $ | |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| line Death Notices in ...... Papers (Names of Newspapers) | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb | 8.00 |
| Lining Grave, $ ...... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor Tickets, $ ...... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 38.00 |
| Less | |
| Balance | |

Entered into Ledger, page 36 or below.

To Funeral Charges ...... Total, $ ...... | By Cash ...... $

Insurance $ ...... Names of Lodges ...... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ...... Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ..........  Yearly No. 13  Date [illegible] 19[illegible]

Name of Deceased Mrs. Rachel [illegible] (Single — Married — Divorced)  [illegible] (Wife's Name)  [illegible] (Where Buried)

Residence of Deceased 37 Waverly Ave. Newark  Husband—Wife—Widow— of

Charge to Mrs. [illegible] (sister)

Address [illegible] St. ([illegible])

Order given by [illegible]

How Secured [illegible]

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death Feb. [illegible] 9 1 A.M.

Date of Birth June 11, 1896

Age (Years) (Months) (Days)

Date of Funeral Feb. [illegible] Wed 1 P.M.

Services at Funeral Home

Clergyman Rev. [illegible]

His Address

Religion of the Deceased Baptist

Resided in the State

Place of Death City Hospital

Cause of Death Cardiac Failure

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address Hosp.

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible] Aker

Her Birthplace [illegible]

Remains to

Name and Style of Casket [illegible]

Manufactured by [illegible]

Interment at Rosehill { Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No. 58

Section No. 11

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 167 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ..... with ..... Fluid | | |
| Barber, $ ..... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ..... Hose, $ | | |
| Suit or Dress, $ ..... Slippers, $ | | |
| Folding Chairs, $ ..... (State Cost) Tarpaulin, $ | | |
| Candelabrum, $ ..... Candles, $ | | |
| Door Spray, $ ..... Gloves, $ | | |
| Funeral Car, $ ..... Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificate No. (State Number and District) | 1 | 00 |
| Pall Bearer Service, $ ..... Use of Chapel, $ (State Physician's or Coroner's) | | |
| Personal Service | 100 | 00 |
| Outlay for Lot | | |
| Cremation | | |
| ..... line Death Notices in ..... Papers | | |
| Flowers, $ ..... Palms, $ ..... Matting, $ (Names of Newspapers) | | |
| Rental of Tent, $ ..... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | 57 | 00 |
| Lining Grave, $ ..... Lowering Device, $ | 7 | 00 |
| Outlay for Shipping Charges | | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ | | |
| Railroad or Motor Tickets, $ ..... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced [illegible] | 2 | [illegible] |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | [illegible]34 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ..... or below.

| To Funeral Charges ..... Total, $ | By Cash |
|---|---|
| Paid March 7th 1939 J. E. [illegible] | |

Insurance $ ..... Names of Lodges ..... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ..... Address

Compiled by P. J. STEVERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 16 ........ Date .... January 5th .... 1939.

Name of Deceased Teresa Bertha Linder ..... Widow ..... [illegible] (Single, Married, Divorced) (What Race) (Where Born)

Residence of Deceased [illegible] St. [illegible] — Husband—Wife—Father or Daughter: Mrs. Mabel Linder

Charge to Mrs. [illegible]

Address [illegible] St. [illegible]

Order given by [illegible]

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer

Address ........

Date of Death [illegible] (Date) (Hour)

Date of Birth [illegible]

Age ...... [illegible] (Years) (Months) (Days)

Date of Funeral Feb [illegible] 1939 Tuesday (Date) (Day of Week) [illegible] (Hour)

Services at Church of God [illegible]

Clergyman Rev. [illegible]

His Address

Religion of the Deceased Baptist

Resided in the State. (or U.S. or City or Country) (Years) (Months)

Place of Death St. Barnabas Hospital

Cause of Death

Contributory Causes

Certifying Physician Hospital Staff (or Coroner)

His Address Hospital

Name of Father Charles Linder

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship } Remains to .....

Size and Style of Casket [illegible] (State Color) [illegible] top

Manufactured by M. J. C. [illegible]

Interment at Glendale. (Cemetery / Crematory)

| Diagram of Lot or Vault | |
|---|---|
| | Lot No. ........ |
| | Grave No. ........ |
| | Section No. ........ |
| | Owner. ........ |

| Item | $ |
|---|---|
| Complete Funeral | 1[illegible] 75 |
| Casket ........ | |
| Metallic Lining ........ | |
| Outside Box ........ (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body ........ with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body ........ | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from ........ | |
| Taking Remains to ........ | |
| Trip to Coroner's Inquest | |
| Delivering Box to ........ | |
| Deliver Flowers to ........ | |
| Removal Charges ........ | |
| Procuring Burial Permit ........ (State Number and District) | |
| Certif. Copies of Death Certificates No. ........ (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service ........ | |
| Outlay for Lot | |
| Cremation ........ | |
| ........ line Death Notices in ........ Papers (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb ........ | 55 00 |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges ........ | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Aeroplane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced ........ | |
| Out of town Undertaker's Charges | |
| Sales Tax ........ | |
| Total Footing of Bill ........ | [illegible] |
| Less ........ | |
| Balance ........ | |

Entered into Ledger, page 37 or below.

| To Funeral Charges | Total, $ | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance $ ........ Name of Lodges ........ Insurance Company ........ Occupation

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ........ (Five Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. ... Date June 27th 1939

Complete Funeral ... 144 00

Casket, Metallic Lining, Outside Box, Burial Vault, Embalming Body, Barbers, Hair Dressing, Dressing Body, Underwear, Hose, Suit or Dress, Slippers, Folding Chairs, Tarpaulin, Candelabrum, Candles, Door Spray, Gloves, Funeral Car, Ambulance, Limousines to Cemetery, Autos to R. R. Station, Getting Remains from, Taking Remains to, Trip to Coroner's Inquest, Delivering Box to, Deliver Flowers to, Removal Charges, Procuring Burial Permit ... 2 00, Certif. Copies of Death Certificate ... 1 00, Pall Bearer Service, Use of Chapel, Personal Service

Outlay for Lot, Cremation, Insertion Death Notices in ... Papers

Flowers, Palms, Matting, Rental of Tent, Temporary Vault, Opening of Grave or Tomb ... 55 00, Lining Grave, Lowering Device, Outlay for Shipping Charges, Clergyman, Singers, Organist, Railroad or Motor Tickets, Service, Telegr., Phone, Cable or Radio Charges, Cash Advanced, Out of town Undertaker's Charges, Sales Tax

Total Footing of Bill ... 2[illegible]

Less ...

Balance ... 2[illegible]

Entered into Ledger, page ... or below.

Lot No. ... Grave No. ... Section No. ... Owner ...

To Funeral Charges ... Total $

By Cash ...

Compiled by F. J. FEDERMANN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ................ Yearly No. 16 ........ Date June 5th 193[illegible]

Name of Deceased [illegible] Bertha Lindes ........ (Single - Married - Divorced) ........ (What Race) ........ (Where Born)

Residence of Deceased [illegible] Husband—Wife—Widow or daughter of [illegible] Lindes

Charge to [illegible]

Address [illegible]

Order given by [illegible] (Informant)

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer

Address

Date of Death [illegible] (Date) (Hour)

Date of Birth [illegible]

Age (Years) (Months) (Days)

Date of Funeral [illegible] (Date) [illegible] (Day of Week) 4.30 P. M. (Hour)

Services at [illegible]

Clergyman Rev. [illegible]

His Address

Religion of the Deceased Baptist

Resided in the State (or U. S. as City or Country) (Years) (Months)

Place of Death St. [illegible] Hospital

Cause of Death

Contributory Causes

Certifying Physician Hospital Staff (or Coroner)

His Address Hospital

Name of Father Charles Lindes

His Birthplace [illegible]

Maiden Name of Mother Nellie [illegible]

Her Birthplace [illegible]

Motor / Ship Remains to

Size and Style of Casket [illegible] (State Color) [illegible]

Manufactured by [illegible]

Interment at Glendale (Cemetery / Crematory)

Lot No.

Grave No.

Section No.

Owner

(Diagram of Lot or Vault)

| Item | Amount |
|---|---|
| Complete Funeral | $ 1[illegible] 7[illegible] |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with ...... Fluid | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ ...... (State Color) Slippers, $ | |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousines to Cemetery ...... @ $ | |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| ...Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ...line Death Notices in ...... Papers (Names of Newspapers) | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb | 55 [illegible] |
| Lining Grave, $ ...... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor Tickets, $ ...... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 1[illegible] |
| Less | $ |
| Balance | $ |

Entered into Ledger, page 97 or below.

| To Funeral Charges ...... Total, $ | | By Cash | $ |
|---|---|---|---|

Insurance $ ...... Names of Lodges ...... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue after maturity at the rate of 6% per annum. (First Name of Funeral Lessee.)

Signed

Witness ...... Address

Compiled by F. J. PERSEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 17 ............ Date June 11th 1931

Name of Deceased Mr. [illegible] Starks (Single—Married—Divorced) Male (What Sex) [illegible] (What Race)

Residence of Deceased [illegible] Husband—Wife—Widow—or Mrs. [illegible] Starks

Charge to Wife

Address [illegible]

Order given by Wife (or Informant)

How Secured Old family

Occupation of Deceased Laborer

Name of Employer ............

Address ............

Date of Death Feb 19th 1931 (Date) (Hour)

Date of Birth Dec 16th 1900

Age 38 (Years) (Months) (Days)

Date of Funeral [illegible] Monday (Date) (Day of Week) (Hour) M

Services at Funeral Home

Clergyman Rev. M. C. Ross

His Address ............

Religion of the Deceased Baptist

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes ............

Certifying Physician Hospital Staff (or Coroner)

His Address Hospital

Name of Father Wesley Starks

His Birthplace S.C.

Maiden Name of Mother Sophie Thompson

Her Birthplace S.C.

Remains to ............

Size and Style of Casket [illegible] (State Color) [illegible]

Manufactured by [illegible]

Interment at [illegible] (Cemetery / Crematory)

| | |
|---|---|
| Complete Funeral $ | 144.00 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ...... with ...... Fluid | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ (State Color) ...... Slippers, $ | |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousines to Cemetery ... @ $ [illegible] | 10.00 |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | .25 |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | 1.00 |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service | 40.00 |
| Outlay for Lot | |
| Cremation | |
| ...line Death Notices in ...... Papers (Names of Newspapers) | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb | 55.00 |
| Lining Grave, $ ...... Lowering Device, $ | 5.00 |
| Outlay for Shipping Charges | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor Tickets, $ ...... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill $ | 255.25 |
| Less $ | .25 |
| Balance $ | 255.00 |

Entered into Ledger, page 37 or below.

[illegible] card [illegible] 4/17 [illegible]

Diagram of Lot or Vault

Lot No. ............ Grave No. ............ Section No. ............ Owner ............

| To Funeral Charges | Total, $ | By Cash | $ |
|---|---|---|---|
| Paid 4/11/31 [illegible] | | | |

Insurance $ ...... Name of Lodge ...... Insurance Companies ......

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ............

Witness ............ Address ............

Compiled by F. J. FRINGEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 18 Date Jan. 3rd 1939

Name of Deceased Hattie Carson (Single – Married – Divorced) (Where Born)

Residence of Deceased (Husband—Wife—Widow)

Charge to Mrs Clara Walker

Address Greenfield Ave.

Order given by Mrs [illegible]

How Secured

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death (Date) (Hour)

Date of Birth

Age 78 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at

Clergyman Rev.

His Address

Religion of the Deceased Baptist

Resided in the State (Town) (Months)

Place of Death Residence

Cause of Death

Contributory Causes Dr. [illegible] Mulligan

Certifying Physician County Physician

His Address

Name of Father [illegible] Walker

His Birthplace S. Carolina

Maiden Name of Mother Isabella Lindsay

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket

Manufactured by

Interment at { Cemetery / Crematory

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

Diagram of Lot or Vault

| Item | | $ |
|---|---|---|
| Complete Funeral | | 160.00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ (State Color) Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | 16.00 |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Health and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | 10.00 |
| Outlay for Lot | | |
| Cremation | | |
| line Death Notices in Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | | 327.00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

To Funeral Charges ... Total $

By Cash $

Insurance $ ........ Name of Ledger ........ Insurance Company ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ... for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date ... interest to accrue from maturity at the rate of ... per annum.

Address ........ Signed ........

Witness ........ Address ........

Compiled by F. J. PENTMAN, St. Louis Mo.

# RECORD OF FUNERAL

Yearly No. 12 Date ........ 19....

...ed ........ (Single—Married) (Divorced) ........ (What State) ........ (Where Born)

...eased ........ Husband—Wife—Widow ........

...eceased ........

...er ........

... ........ (Time) ........ (Hour)

...ugust ........ 1937

... (Years) ........ (Months) ........ (Days)

... ........ (Date) ........ (Day of Week) ........ (Hour) M

... Baptist Church

Deceased ........ Baptist

...tate ........ (of U.S. or City or County) ........ (Years) ........ (Months)

... City Hospital

...nses ........

...ician ........ Hospital Staff (or Coroner)

... ........ Hospital

...of Mother ........

...s to ........

...of Casket ........

...by ........

... ........ { Cemetery / Crematory }

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

| | $ | |
|---|---|---|
| Complete Funeral | | |
| Casket | | |
| Metallic Lining ........ (State Kind) | | |
| Outside Box ........ (State Kind) | | |
| Burial Vault ........ (State Kind) | | |
| Embalming Body ........ with ........ Fluid | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ ........ (State Color) Slippers, $ | | |
| Folding Chairs, $ ........ Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery ........ @ $ ........ | 20 | 00 |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| 1 Certif. Copies of Death Certificates No. ........ (State Number and Date) (State Physician's or Coroner's) | | 50 |
| Pall Bearer Service, $ ........ Use of Chapel, $ | 65 | 00 |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| line Death Notices in ........ Papers (Names of Newspapers) | 2 | 00 |
| Flowers, $ ........ Palms, $ ........ Matting, $ | | |
| Rental of Tent, $ ........ of Temporary Vault, $ | 10 | 00 |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ........ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Motor Tickets, $ ........ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ 504 | 56 |
| Less | | |
| Balance | | |
| Entered into Ledger, page ........ or below. | | |

| To Funeral Charges ... Total, $ | By Cash |
|---|---|
| Paid 8/4/37 | |

Names of Lodges ........ Insurance Companies ........

...e the above Funeral, and I hereby represent that I have sufficient resources Legally available ... (Full Name of Funeral Director) ... of aforesaid sum, and I hereby warrant and agree to pay the same within ... from date. Interest to accrue from ...rate of 6% per annum.

Signed ........

Address ........

Compiled by F. S. PRINGMANN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 15 ........ Date ...... 19..

Name of Deceased [illegible]
(Single — Married — Divorced — Widowed — Wife — Widow)

Residence of Deceased [illegible]

Charge to Mrs. [illegible] Baker

Address [illegible]

Order given by Mrs. [illegible]

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer

Address

Date of Death [illegible] (Date) (Hour)

Date of Birth [illegible]

Age 15 (Years) (Months) (Days)

Date of Funeral Feb. 14th Thursday (Date) (Day of Week) (Hour)

Services at Bethany [illegible]

Clergyman Rev. [illegible]

His Address

Religion of the Deceased Baptist

Resided in the State ...... in U.S. ...... in City or County ...... (Years) (Months)

Place of Death Residence

Cause of Death [illegible]

Contributory Causes [illegible]

Certifying Physician County Physician (or Coroner)

His Address [illegible]

Name of Father [illegible]

His Birthplace S. Carolina

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Mother / Ship } Remains to

Size and Style of Casket [illegible]

Manufactured by [illegible]

Interment at [illegible] (Cemetery / Crematory)

Lot No. ........

Grave No. ........

Section No. ........

Owner

Diagram of Lot or Vault

| Complete Funeral | |
|---|---|
| Casket | |
| Metallic Lining | |
| Outside Box | |
| Burial Vault | |
| Embalming Body | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ ...... Slippers, $ | |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousines to Cemetery ...... @ $ | |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Delivery Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificate | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ...... Death Notices in ...... Papers | |
| Flowers, $ ...... Music, $ ...... Matting, $ | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ...... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor Tickets, $ ...... Pullman Service, $ | |
| Telegs., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | |
| Less | |
| Balance | |

Entered into Ledger, page ...... or below.

| To Funeral Charges ...... Total, $ | By Cash ...... $ |
|---|---|
| Paid [illegible] | |

Insurance $ ...... Name of Lodges ...... Insurance Companies ......

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to be the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue after maturity at the rate of 6% per annum.

Signed ......

Address ......

W itness ......

# RECORD OF FUNERAL

Total No. ..........  Yearly No. 11  Date ........ 19..

Name of Deceased ........ (Single, Married, Divorced) ........ (Place Born) ........ (Where Born)

Residence of Deceased ........ Husband—Wife—Widow ........

Charge to ........

Address ........

Order given by ........

How Secured ........

Occupation of Deceased ........

Name of Employer

Address ...

Date of Death ........ (Date) (Hour)

Date of Birth August ........ 1877

Age ........ (Years) ........ (Months) ........ (Days)

Date of Funeral ........ (Date) (Day of Week) (Hour) M

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State (in U.S. or City or County) ........ (Years) (Months)

Place of Death: City Hospital

Cause of Death ........

Contributory Causes

Certifying Physician (or Coroner) Hospital Staff

His Address City Hospital

Name of Father

His Birthplace

Maiden Name of Mother ........

Her Birthplace

(Motor/Ship) Remains to

Size and Style of Casket ........

Manufactured by ........

Interment at ........ (Cemetery/Crematory)

Lot No. ........  Grave No. ........  Section No. ........  Owner ..

Diagram of Lot or Vault

| Complete Funeral | $ |
|---|---|
| Casket .. | |
| Metallic Lining ........ (State Kind) | |
| Outside Box ........ (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body with ........ Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body .... | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ..... Candles, $ | |
| Door Spray, $ .... Gloves, $ | |
| Funeral Cap, $ ..... Ambulance, $ | |
| Limousines to Cemetery ... @ $ ........ | 20 00 |
| Autos to R. R. Station ..... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to ... | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit ........ (State Number and Date) | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | 50 |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | 65 00 |
| Outlay for Lot. | |
| Cremation .... | |
| ...ing Death Notices in ........ Papers (Names of Newspapers) | 2 00 |
| Flowers, $ ..... Palms, $ ..... Matting, $ | |
| Rental of Tent, $ .... of Temporary Vault, $ | 30 00 |
| Opening of Grave or Tomb ........ | |
| Lining Grave, $ ...... Lowering Device, $ | |
| Outlay for Shipping Charges ........ | |
| Clergyman, $ ..... Singers, $ .... Organist, $ | |
| Railroad or Motor Tickets, $ ........ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced ........ | |
| Out of town Undertaker's Charges | |
| Sales Tax ........ | |
| Total Footing of Bill | 504 50 |
| Less | |
| Balance ... | |

Entered into Ledger, page .. or folio

| To Funeral Charges .. Total, $ | By Cash |
|---|---|
| Paid 3/4/37 | |

Insurance $ ........ Name of Lodges ........ Insurance Company ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient means for Legally available to ........ from Date of Funeral (Interest) ........ days from date. Interest in arrears from ........ for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. ........ FESSEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 24 Date June 11th 19 32

Name of Deceased Ingrid Bernadine McMurray (Single—Married—Divorced) White Female (Where Born) Newark N.J.

Residence of Deceased ... Wright St. Newark N.J. Husband—Wife—Widow (Where Born) Mrs. Edith McMurray

Charge to Charles McMurray

Address ...

Order given by ...

How Secured ...

Occupation of Deceased none

Name of Employer ...

Address ...

Date of Death Feb. 22nd 1932 ...M. (Date) (Hour)

Date of Birth June 20th 19..

Age ... (Years) 8 (Months) 5 (Days)

Date of Funeral Private (Date) (Day of Week) (Hour)

Services at ... Home

Clergyman ...

His Address ...

Religion of the Deceased ...

Resided in the State ... (in U.S. or City or Country) (Years) (Months)

Place of Death ...

Cause of Death ...

Contributory Causes ...

Certifying Physician ... or Coroner

His Address ...

Name of Father Charles McMurray

His Birthplace Newark N.J.

Maiden Name of Mother Edith Brown

Her Birthplace Newark N.J.

Ship Remains to ...

Size and Style of Casket ... White ... (State Color)

Manufactured by ...

Interment at Fairfield { Cemetery / Crematory

Lot No. ...

Grave No. 388

Section No. 16A

Owner ...

Diagram of Lot or Vault

| Item | $ | |
|---|---|---|
| Complete Funeral | 22 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box ... (State Kind) | | |
| Burial Vault ... (State Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ ... (State Color) Slippers, $ | | |
| Folding Chairs, $ ... Carpets, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Date) | | |
| ... Certif. Copies of Death Certificate (State Name of Persons to Whom Delivered) | | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| ... Death Notices in ... Papers (Names of Papers) | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Auto Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 22 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page 57 or below.

| To Funeral Charges | Total, $ | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance $ ... Name of Lodges ... Insurance Companies ...

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... (Firm Name of Funeral Director) ... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ..................... Yearly No. 18 ..................... Date Jan. ...

Name of Deceased ... Hattie ... (Single – Married – Divorced) ..................... (White Race) ..................... (Where Born)

Residence of Deceased ..................... (Husband – Wife – Widow) of .....................

| | |
|---|---|
| Charge to Mrs. ... | Complete Funeral |
| Address ... | Casket |
| Order given by Mrs. ... (Sister) | Metallic Lining ... (State Kind) |
| How Secured ... | Outside Box ... (State Kind) |
| Occupation of Deceased ... | Burial Vault ... (State Kind) |
| Name of Employer | Embalming Body ... with ... Fluid |
| Address ... | Barber, $ ... Hair Dressing, $ |
| Date of Death ... (Date) ... (Hour) | Dressing Body ... |
| Date of Birth ... | Underwear, $ ... Hose, $ ... |
| Age 41 (Years) (Months) (Days) | Suit or Dress, $ (State Color) ... Slippers, $ ... |
| Date of Funeral ... (Date) ... (Day of Week) ... (Hour) | Folding Chairs, $ ... Tarpaulin, $ ... |
| Services at ... | Candelabrum, $ ... Candles, $ ... |
| Clergyman Rev. ... | Door Spray, $ ... Gloves, $ |
| His Address ... | Funeral Car, $ ... Ambulance, $ |
| Religion of the Deceased Bapt. | Limousines to Cemetery ... @ $ ... |
| Resided in the State ... (In U. S. or City or County) (Years) (Months) | Autos to R. R. Station ... @ $ ... |
| Place of Death Residence | Getting Remains from |
| Cause of Death ... | Taking Remains to ... |
| Contributory Causes ... | Trip to Coroner's Inquest ... |
| Certifying Physician County Physician (or Coroner) | Delivering Box to ... |
| His Address ... | Deliver Flowers to ... |
| Name of Father ... | Removal Charges ... |
| His Birthplace ... Carolina | Procuring Burial Permit ... (State Number and Date) |
| Maiden Name of Mother ... | Certif. Copies of Death Certificates No. ... (State Physician's or Coroner's) |
| Her Birthplace ... | Pall Bearer Service, $ ... Use of Chapel, $ ... |
| Motor / Ship Remains to ... | Personal Service ... |
| Size and Style of Casket ... (State Color) | Outlay for Lot ... |
| ... | Cremation |
| Manufactured by ... | the Death Notices in ... Papers (Name of Newspapers) |
| Interment at ... { Cemetery / Crematory } | Flowers, $ ... Palms, $ ... Matting, $ |
| Lot No. ... | Rental of Tent, $ ... of Temporary Vault, $ |
| Grave No. ... | Opening of Grave or Tomb ... |
| Section No. ... | Lining Grave, $ ... Lowering Device, $ |
| Owner ... | Outlay for Shipping Charges ... |
| Diagram of Lot or Vault | Clergyman, $ ... Singers, $ ... Organist, $ |
| | [illegible] Tickets, $ ... Aeroplane Service, $ |
| | Teleg., Phone, Cable or Radio Charges |
| | Cash Advanced ... |
| | Out of town Undertaker's Charges |
| | Sales Tax ... |
| | Total Footing of Bill ... $ |
| | Less ... $ |
| | Balance ... $ |
| | Entered into Ledger, page ... or below. |

| To Funeral Charges ... Total, $ | By Cash |
|---|---|
| | |

Insurance $ ... Name of Lodges ... Name of Companies ...

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available in ... for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. [illegible] maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

# RECORD OF FUNERAL

Total No. ............ Yearly No. 20 Date June 6th 193[illegible]

Name of Deceased Mrs. [illegible] (Single—Married—Divorced) [illegible] (Wife Name) [illegible] (Where Born)

Residence of Deceased [illegible] Husband—Wife—Widow Mother [illegible]

Charge to [illegible]

Address [illegible]

Order given by [illegible] (or adjustment)

How Secured Mrs. Family

Occupation of Deceased Retired

Name of Employer

Address

Date of Death [illegible] (Date) (Hour)

Date of Birth [illegible]

Age about [illegible] (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour)

Services at Baptist [illegible]

Clergyman Rev. [illegible]

His Address [illegible]

Religion of the Deceased Baptist

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes

Certifying Physician [illegible] (or Coroner)

His Address [illegible]

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship } Remains to

Size and Style of Casket [illegible]

Manufactured by [illegible] Casket Co

Interment at [illegible] { Cemetery / Crematory

Diagram of Lot or Vault: [illegible]

Lot No.

Grave No. 57

Section No. [illegible]

Owner

Complete Funeral ........ $

Casket

Metallic Lining

Outside Box (State Kind)

Burial Vault (State Kind)

Embalming Body (State Kind) with Fluid

Barber, $ Hair Dressing, $

Dressing Body

Underwear, $ Hose, $

Suit or Dress, $ Slippers, $

Folding Chairs, $ (State Color) Tarpaulin, $

Candelabrum, $ Candles, $

Door Spray, $ Gloves, $

Funeral Car, $ Ambulance, $

Limousines to Cemetery 1 @ $

Autos to R. R. Station @ $

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, $ Use of Chapel, $

Personal Service

Outlay for Lot

Cremation

.... line Death Notices in (Names of Newspapers) Papers

Flowers, $ Palms, $ Matting, $

Rental of Tent, $ of Temporary Vault, $

Opening of Grave or Tomb

Lining Grave, $ Lowering Device, $

Outlay for Shipping Charges

Clergyman, $ Singers, $ Organist, $

Railroad or Motor } Tickets, $ Aero-plane Service, $

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Sales Tax

Total Footing of Bill $

Less $

Balance $

Entered into Ledger, page .... or below.

To Funeral Charges .... Total, $ | By Cash .... $

[illegible]

Insurance $ Names of Lodges Insurance Company Met. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ............

Witness Address

Compiled by F. J. FREIDEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 4 — Date Jan. 11 19 [illegible]

...ceased [illegible] (Single — Married — Divorced) — (What Race) — (Wage Earn)

...Deceased [illegible] — Husband—Wife—Widow [illegible] — [illegible]

| | | |
|---|---|---|
| Complete Funeral | $ 22 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ (State Color) Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. | | |
| Pall Bearer Service, $ (State Physician's or Coroner's) Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| Ins Death Notices in (Names of Newspapers) Papers | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | 8 | 00 |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ 30 | 00 |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page 57 or below. | | |

...of Deceased [illegible]

...ployer

...th [illegible]

(Years) (Months) (Days)

...al [illegible] (Date) (Day of Week) (Hour) M

...e Deceased

...e State (In U.S. or City or County) (Years) (Months)

...th

...th

Causes

...ysician (or Coroner)

...her [illegible]

...e of Mother [illegible]

...n to

...e of Casket [illegible] (State Color)

...by [illegible]

[illegible] { Cemetery / Crematory

Lot No.

Grave No. 388

Section No. 16A

Lot or Vault — Owner

| To Funeral Charges .. Total, $ | By Cash $ |
|---|---|
| [illegible] | |

Name of Lodges — Insurance Companies

...e the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Director)

...of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from ... rate of 6% per annum.

Signed

Address

Compiled by F. J. FEDERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 20 ............ Date June 5th ............

Name of Deceased Mrs. [illegible] (Single — Married — Divorced) ............ Negro (What Race) ............ (Where Born)

Residence of Deceased [illegible] ............ Husband — Wife — Widow — Mother { Mrs. Edward [illegible]

Charge to [illegible]

Address [illegible]

Order given by Daughter (or informant)

How Secured [illegible]

Occupation of Deceased Retired

Name of Employer ............

Address ............

Date of Death Feb. 17th 1909 (Date) [illegible] (Hour)

Date of Birth [illegible]

Age about 60 (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour)

Services at Baptist Church, [illegible]

Clergyman Rev. [illegible]

His Address [illegible]

Religion of the Deceased Baptist

Resided in the State ............ (or U.S. or City or County) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes ............

Certifying Physician R. M. [illegible] (or Coroner)

His Address 541 N. [illegible] St. [illegible]

Name of Father [illegible]

His Birthplace Ga.

Maiden Name of Mother [illegible]

Her Birthplace Ga.

Motor / Ship } Remains to ............

Size and Style of Casket Steel [illegible] (Name Color) [illegible]

Manufactured by [illegible] Casket Co.

Interment at Rockhill ............ { Cemetery / Crematory

[illegible] (Diagram of Lot or Vault)

Lot No. ............

Grave No. 27

Section No. 11

Owner ............

| Item | $ |
|---|---|
| Complete Funeral | |
| Casket | 10 |
| Metallic Lining (State Kind) | |
| Outside Box (Give Kind) | |
| Burial Vault (Give Kind) | |
| Embalming Body with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ (State Color) | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery 1 ... @ $ | 10 |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Preparing Burial Permit (Number and Date) | |
| 1 Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | 1 |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service $ 2.5 | 45 |
| Outlay for Lot | |
| Cremation | |
| ... line Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | 50 |
| Lining Grave, $ ... Lowering Device, $ | 2 |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor } Tickets, $ ... Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 270 |
| Less | |
| Balance | |
| Entered into Ledger, page ... or below. | |

To Funeral Charges ... Total, $ ............ By Cash $

Insurance $ ............ Names of Lodges ............ Insurance Companies Met. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ............ (Firm Name of Funeral Director.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ............ days from date. Interest to accrue at maturity at the rate of 6% per annum.

Signed ............

Witness ............ Address ............

Compiled by F. J. FRIESEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 54 ........ Date Jan. 11th ........ 19 ..

Name of Deceased [illegible] McMurray (Single—Married—Divorced) [illegible] (When Born) Newark N.J. (Where Born)

Residence of Deceased 152 Wright St. Newark N.J. (Husband—Wife—Widow—Daughter) Mrs. Edith McMurray

Charge to Mrs. Charles McMurray

Address [illegible]

Order given by ........

Hod Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death Feb. 27th [illegible] (Hour)

Date of Birth [illegible]

Age ........ (Years) (Months) (Days)

Date of Funeral ........ (Date) (Day of Week) (Hour)

Services at [illegible]

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (or U. S. or City or County) (Years) (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father Charles McMurray

His Birthplace Newark N.J.

Maiden Name of Mother Edith Brown

Her Birthplace Newark N.J.

Shipped Remains to ........

Size and Style of Casket [illegible] (State Color)

Manufactured by ........

Interment at Rosehill ........ { Cemetery / Crematory

Lot No. ........

Grave No. 988

Section No. 16A

Owner ........

Diagram of Lot or Vault

| | | |
|---|---|---|
| Complete Funeral | $ 22 | 88 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with ...... Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ...... Hose, $ | | |
| Suit or Dress, $ ...... (State Color) Slippers, $ | | |
| Folding Chairs, $ ...... Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Spray, $ ...... Gloves, $ | | |
| Funeral Car, $ ...... Ambulance, $ | | |
| Limousine to Cemetery ...... @ $ | | |
| Autos to R. R. Station ...... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. | | |
| Pall Bearer Service, $ ...... (State Physician's or Coroner's) Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| Ins Death Notices in ...... Papers (Names of Newspapers) | | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | | |
| Rental of Tent, $ ...... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ...... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | |
| Railroad or Motor Tickets, $ ...... Auto Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ 22 | 88 |
| Less | | |
| Balance | $ | |

Entered into Ledger, page 59 or below.

| To Funeral Charges ...... Total, $ | | By Cash | $ |
|---|---|---|---|
| [illegible] | | | |

Insurance $ ...... Names of Lodges ...... Insurance Companies ......

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Firm Name of Funeral Director) ...... for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. .............. Yearly No. [illegible] Date [illegible] 19[illegible]

Name of Deceased [illegible] (Single — Married — Divorced) [illegible] (When Born) [illegible] (Where Born)

Residence of Deceased [illegible] Husband—Wife—Widow [illegible]

| | |
|---|---|
| Charge to [illegible] | Complete Funeral $ [illegible] |
| Address [illegible] | Casket |
| Order given by [illegible] (relationship) | Metallic Lining |
| How Secured [illegible] | Outside Box (State Kind) |
| Occupation of Deceased [illegible] | Burial Vault (State Kind) |
| Name of Employer | Embalming Body with (State Kind) Fluid |
| Address | Barber, $ Hair Dressing, $ |
| Date of Death [illegible] (Date) (Hour) | Dressing Body |
| Date of Birth [illegible] | Underwear, $ Hose, $ |
| Age [illegible] (Years) (Months) (Days) | Suit or Dress, $ Slippers, $ |
| Date of Funeral [illegible] (Date) (Day of Week) (Hour) M | Folding Chairs, $ (State Color) Tarpaulin, $ |
| Services at [illegible] | Candelabrum, $ Candles, $ |
| Clergyman | Door Spray, $ Gloves, $ |
| His Address | Funeral Car, $ Ambulance, $ |
| Religion of the Deceased | Limousines to Cemetery @ $ |
| Resided in the State (Years) (Months) in U.S. or City or County | Autos to R. R. Station @ $ |
| Place of Death City Hospital | Getting Remains from |
| Cause of Death [illegible] | Taking Remains to |
| Contributory Causes | Trip to Coroner's Inquest |
| Certifying Physician (or Coroner) | Delivering Box to |
| His Address | Deliver Flowers to |
| Name of Father | Removal Charges |
| His Birthplace | Procuring Burial Permit (State Number and Date) |
| Maiden Name of Mother | Certif. Copies of Death Certificates No. (State Physician's or Coroner's) |
| Her Birthplace | Pall Bearer Service, $ Use of Chapel, $ |
| [Ship] Remains to | Personal Service |
| [Nam]e and Style of Casket (State Color) | Outlay for Lot |
| [Ma]nufactured by | Cremation |
| [In]terment at Rosehill {Cemetery / Crematory} | Ins Death Notices in Papers (Names of Newspapers) |
| Lot No. | Flowers, $ Palms, $ Matting, $ |
| Grave No. 355 | Rental of Tent, $ of Temporary Vault, $ |
| Section No. 24 | Opening of Grave or Tomb 25 00 |
| Owner | Lining Grave, $ Lowering Device, $ |
| Diagram of Lot or Vault | Outlay for Shipping Charges |
| | Clergyman, $ Singers, $ Organist, $ |
| | Railroad or Mesh Tickets, $ Aeroplane Service, $ |
| | Telegr., Phone, Cable or Radio Charges |
| | Cash Advanced |
| | Out of town Undertaker's Charges |
| | Sales Tax |
| | Total Footing of Bill $ [illegible] |
| | Less $ |
| | Balance $ |
| | Entered into Ledger, page [illegible] or below. |

| To Funeral Charges Total, $ | By Cash $ |
|---|---|
| | |

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. [illegible] Date [illegible]

Name of Deceased [illegible] (Single — Married — Divorced) Negro (What Race) [illegible]

Residence of Deceased [illegible] ~~Husband — Wife — Sister~~ Mother | Mrs [illegible]

Charge to [illegible]

Address [illegible]

Order given by Daughter (or informant)

How Secured [illegible]

Occupation of Deceased Retired

Name of Employer

Address

Date of Death [illegible] (Hour)

Date of Birth [illegible]

Age about [illegible] (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour)

Services at Baptist Church [illegible]

Clergyman Rev. Thompson

His Address [illegible]

Religion of the Deceased Baptist

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Community

Cause of Death Apoplexy

Contributory Causes

Certifying Physician R.W. [illegible] (or Coroner)

His Address [illegible]

Name of Father Benjamin [illegible]

His Birthplace Ga.

Maiden Name of Mother [illegible]

Her Birthplace Ga.

Motor / Ship } Remains to

Size and Style of Casket Steel [illegible] [illegible] couch [illegible]

Manufactured by [illegible] Casket Co.

Interment at Rosehill { Cemetery / Crematory

| Diagram of Lot or Vault |
|---|
| [illegible] |

Lot No. ........

Grave No. 57

Section No. 11

Owner ........

Complete Funeral

Casket ........

Metallic Lining ........

Outside Box ........ (State Kind)

Burial Vault ........ (State Kind)

Embalming Body ........ with ........ Fluid (State Kind)

Barber, $ ........ Hair Dressing, $

Dressing Body ........

Underwear, $ ........ Hose, $

Suit or Dress, $ ........ Slippers, $

Folding Chairs, $ ........ Tarpaulin, $ (State Cost)

Candelabrum, $ ........ Candles, $

Door Spray, $ ........ Gloves, $

Funeral Car, $ ........ Ambulance, $

Limousines to Cemetery 1 ... @ $

Autos to R. R. Station ........ @ $

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit

1 Cert. Copies of Death Certificates No. (State Number and Dates) (State Physician's or Coroner's)

Pall Bearer Service, $ ........ Use of Chapel, $

Personal Service [illegible]

Outlay for Lot

Cremation

.... line Death Notices in .... Papers (Names of Newspapers)

Flowers, $ ........ Palms, $ ........ Matting, $

Rental of Tent, $ .... of Temporary Vault, $

Opening of Grave or Tomb

Lining Grave, $ ........ Lowering Device, $

Outlay for Shipping Charges

Clergyman, $ ........ Singers, $ ........ Organist, $

[illegible] or [illegible] Tickets, $ ........ Aeroplane Service, $

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Sales Tax

Total Footing of Bill ........ $

Less ........ $

Balance ........ $

Entered into Ledger, page ........ or below.

| | To Funeral Charges .... Total, $ | | By Cash | $ |
|---|---|---|---|---|
| | [illegible] | | | |

Insurance $ ........ Names of Lodges ........ Insurance Companies Met. Life [illegible]

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to [illegible] for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest [illegible] maturity at the rate of [illegible] per annum. (Firm Name of Funeral Director)

Signed ........

Witness ........ Address ........

Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 22 ........ Date Dec ... 8th ... 19 ..

Name of Deceased ........ (Single—Married—Divorced) ........ (What Race) ........ (Where Born)

Residence of Deceased ........ Husband—Wife—Widow of ........

Charge to ........

Address ........

Order given by ........ (or relationship)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death ........ (Date) ........ (Hour)

Date of Birth ........

Age ........ Years ........ (Months) ........ (Days)

Date of Funeral ........ (Date) ........ (Day of Week) ........ (Hour)

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (in U. S., or City or County) (Years) (Months)

Place of Death ........ Hospital

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Motor / Ship } Remains to ........

Size and Style of Casket ........ (Stage Color) ........

Manufactured by ........

Interment at ........ { Cemetery / Crematory

Lot No. ........

Grave No. ........

Section No. ........

Owner. ........

Diagram of Lot or Vault

| Complete Funeral | $ 165 00 |
|---|---|
| Casket ........ | |
| Metallic Lining ........ (State Kind) | |
| Outside Box ........ (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body ........ with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body ........ | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ (State Color) Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from ........ | |
| Taking Remains to ........ | |
| Trip to Coroner's Inquest ........ | |
| Delivering Box to ........ | |
| Deliver Flowers to ........ | |
| Removal Charges ........ | |
| Procuring Burial Permit ........ (State Number and Date) | |
| ___ Certf. Copies of Death Certificates No. ........ (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service ........ | |
| Outlay for Lot ........ | |
| Cremation ........ | |
| line Death Notices in ........ Papers (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb ........ | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges ........ | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced ........ | |
| Out of town Undertaker's Charges | |
| Sales Tax ........ | |
| Total Footing of Bill ........ | 267 50 |
| Less, ........ | $ |
| Balance ........ | $ |
| Entered into Ledger, page ........ or below. | |

| To Funeral Charges | Total, $ | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance $ ........ Names of Lodges ........ Insurance Companies ........ Life ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

(Firm Name of Funeral Director)

Signed ........

Witness ........ Address ........

Compiled by F. J. FRINEMAN, St. Louis, Mo.

Total No. ........
Name of Decease...
Residence of De...
Charge to ...
Address ...
Order given by ...
How Secured ...
Occupation of D...
Name of Employ...
Address ...
Date of Death ...
Date of Birth ...
Age ...
Date of Funeral ...
Services at ...
Clergyman ...
His Address ...
Religion of the D...
Resided in the S...
Place of Death ...
Cause of Death ...
Contributory Ca...
Certifying Physi...
His Address ...
Name of Father ...
His Birthplace ...
Maiden Name o...
Her Birthplace ...
... Remains ...
... and Style of ...
Manufactured b...
Interment at ...
Insurance $ ...
I hereby authorize t...
for the payment of ...
maturity at the rat...
Witness ...

# RECORD OF FUNERAL

Yearly No. ........ Date ........ 19...

Deceased: Mrs. Mary Love (Single—Married—Divorced) ........ (What Race) ........ (Where Born)

Deceased: ........ (Husband—Wife—Widow) ........

Husband

Husband

Family

Occupation of Deceased: Housewife

Employer

Date of Death: March ........ (Date) (Hour)

........ 19..

(Years) (Months) (Days)

Funeral: ........ (Date) (Day of Week) (Hour) M.

Place of Death: City Hospital

Cause of Death

Physician (or Coroner)

Name of Mother

Name of Casket (State Color)

By: Rosehill (Cemetery / Crematory)

Lot No. ........

Grave No. 555

Section No. 24

Owner ........

| Item | Amount |
|---|---|
| Complete Funeral | $ 101.50 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ Slippers, $ (State Color) | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| ........ Certif. Copies of Death Certificates No. (State Number and District) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ (State Physician's or Coroner's) | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ........ line Death Notices in ........ Papers | |
| Flowers, $ ........ Palms, $ ........ Matting, $ (Name of Newspapers) | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb | 25.00 |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor Tickets, $ ........ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ ........ 75 |
| Less | $ |
| Balance | $ |
| Entered into Ledger, page 14 or below. | |

| To Funeral Charges ........ Total, $ | | By Cash ........ $ |
|---|---|---|
| | | |

Names of Lodges ........ Insurance Companies ........

...the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) ... of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from ... rate of 6% per annum.

Signed ........

Address ........

Compiled by F. J. FRENCHMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. [illegible]

Date [illegible] 19[illegible]

Name of Deceased [illegible] (Single—Married—Divorced) [illegible] (Wife Name) [illegible] (Whose Date)

Residence of Deceased [illegible] Husband—Wife—Widow of [illegible]

Charge to [illegible]

Address [illegible]

Order given by Husband

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer [illegible]

Address

Date of Death [illegible] (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at [illegible]

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death [illegible]

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Samuel [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace Pa.

Motor / Ship } Remains to [illegible]

Size and Style of Casket [illegible] (Shape Color)

[illegible]

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| | |
|---|---|
| Complete Funeral | $ [illegible] |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with ...... Fluid | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ (State Color) ...... Slippers, $ | |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousines to Cemetery ...... @ $ | |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ...... line Death Notices in ...... Papers (Names of Newspapers) | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ...... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor } Tickets, $ ...... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ [illegible] |
| Less | $ |
| Balance | $ |
| Entered into Ledger, page ...... or below. | |

| To Funeral Charges .... Total, $ | By Cash $ |
|---|---|
| [illegible] | |

Insurance $ ...... Name of Lodge ...... Insurance Companies [illegible]

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to maturity at the rate of 6% per annum.

Signed

Witness ...... Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. .......... Yearly No. [illegible] ........ Date [illegible] 19[illegible]

Name of Deceased [illegible] (Single — Married — Divorced) [illegible] (Where Born) [illegible] (When Born)

Residence of Deceased [illegible] Husband — Wife — Widow [illegible]

Charge to Husband

Address [illegible]

Order given by Husband (or Informant)

How Secured [illegible]

Occupation of Deceased Housewife

Name of Employer ..........

Address ..........

Date of Death March [illegible] (Date) (Hour)

Date of Birth March [illegible] 18[illegible]

Age 43 (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour)

Services at [illegible]

Clergyman ..........

His Address ..........

Religion of the Deceased ..........

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death City Hospital

Cause of Death [illegible]

Contributory Causes ..........

Certifying Physician (or Coroner)

His Address ..........

Name of Father ..........

His Birthplace ..........

Maiden Name of Mother ..........

Her Birthplace ..........

Ship Remains to ..........

Size and Style of Casket (Shade Color)

Manufactured by ..........

Interment at Rosehill (Cemetery / Crematory)

Lot No. ..........

Grave No. 555

Section No. 24

Owner ..........

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | 107 00 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ ..... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ..... Hose, $ | |
| Suit or Dress, $ (State Color) ..... Slippers, $ | |
| Folding Chairs, $ ..... Tarpaulin, $ | |
| Candelabrum, $ ..... Candles, $ | |
| Door Spray, $ ..... Gloves, $ | |
| Funeral Car, $ ..... Ambulance, $ | |
| Limousines to Cemetery ..... @ $ | |
| Autos to R. R. Station ..... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ..... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ..... line Death Notices in ..... Papers, (Names of Newspapers) | |
| Flowers, $ ..... Palms, $ ..... Matting, $ | |
| Rental of Tent, $ ..... of Temporary Vault, $ | |
| Opening of Grave or Tomb | 25 00 |
| Lining Grave, $ ..... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ | |
| Railroad or Motor Tickets, $ ..... Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | [illegible] 75 |
| Less | |
| Balance | |

Entered into Ledger, page 48 or below.

| To Funeral Charges ..... Total, $ | By Cash $ |
|---|---|
| | |

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Witness .......... Signed ..........

Address ..........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 24 Date June 16th 1932

Name of Deceased Mrs. Catherine Mather (Single—Married—Divorced) (When Born) (Where Born)

Residence of Deceased (Husband—Wife—Widow)

Charge to Hazel Mather

Address

Order given by (or Agent)

How Secured

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death March 11th 1932 (Date) (Hour)

Date of Birth Nov. 12th 1918

Age 21 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased Baptist

Resided in the State (or U. S. or City or Country) (Years) (Months)

Place of Death Newark City Hospital

Cause of Death

Contributory Causes

Certifying Physician Hospital Staff (or Coroner)

His Address Hospital

Name of Father

His Birthplace Atlanta, Ga.

Maiden Name of Mother

Her Birthplace Atlanta, Ga.

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Rosehill { Cemetery / Crematory

Lot No. ........

Grave No. 67

Section No. 11

Owner

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | |
| Casket | 77.00 |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ ..... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ..... Hose, $ | |
| Suit or Dress, $ ..... Slippers, $ (State Color) | |
| Folding Chairs, $ ..... Tarpaulin, $ | |
| Candelabrum, $ ..... Candles, $ | |
| Door Spray, $ ..... Gloves, $ | |
| Funeral Car, $ ..... Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| ___Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ..... Use of Chapel, $ | |
| Personal Service | 75.00 |
| Outlay for Lot | |
| Cremation | |
| line Death Notices in ..... Papers (Names of Newspapers) | |
| Flowers, $ ..... Palms, $ ..... Matting, $ | |
| Rental of Tent, $ ..... of Temporary Vault, $ | |
| Opening of Grave or Tomb | 57.00 |
| Lining Grave, $ ..... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ | |
| Railroad or Motor } Tickets, $ ..... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 209.00 |
| Less | |
| Balance | |

Entered into Ledger, page 46 or below

To Funeral Charges . Total $ ..... By Cash $

Insurance $ ..... Names of Lodges ..... Insurance Companies Met. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of above sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of 6% per annum. (Firm Name of Funeral Directors)

Signed

Witness ..... Address

Compiled by P. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. ...... Date ...... 19..

...sed ...... (Single — Married — Divorced) ...... (Where Died)

...eceased ...... Husband — Wife — Widow ......

...ceased ......

...eceased ......

March 15, 1934

Jan. 7th 1914

...eceased ......

...ate ...... (U.S. or City or County) (Name) (Number)

Bellevue Hospital N.Y.C.

...on ...... for Coroner

Mother ......

Casket ......

...... Cemetery / Crematory

Lot No. ......

Grave No. 245

Section No. 24

Owner ......

| Item | Amount |
| --- | --- |
| Complete Funeral | 180.00 |
| Casket ...... | |
| Metallic Lining ...... | |
| Outside Box ...... (State Kind) | |
| Burial Vault ...... (State Kind) | |
| Embalming Body ...... with ...... (State Kind) Fluid | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ ...... Slippers, $ | |
| Folding Chairs, $ ...... (State Color) Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousines to Cemetery ...... @ $ | |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and Date) | |
| 1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | 1.00 |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service | 85.00 |
| Outlay for Lot | |
| Cremation | |
| 1 line Death Notices in ...... Papers (Names of Newspapers) | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb | 25.00 |
| Lining Grave, $ ...... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor Tickets, $ ...... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | 1.00 |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 292.00 |
| Less | |
| Balance | |

Entered into Ledger, page ...... or below.

...o Funeral Charges ...... Total, $ ...... By Cash ...... $

Paid 4/13/34

Names of Lodges ......

Insurance Companies Washington Nat'l Co.

...above Funeral, and I hereby represent that I have sufficient resources legally available to ...... days from date. Interest to accrue from ...

...id sum, and I hereby covenant and agree to pay the same within ... 6% per annum.

Signed

Address

Compiled by F. J. PEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 24 Date June 3rd 19

Name of Deceased Mrs. Catherine Moses (Single—Married—Divorced) Boyer (Maiden Name) Atlanta [illegible] (Where Born)

Residence of Deceased [illegible] (Husband—Wife—Widow) Cason Moses

Charge to Hannah Moses

Address 45 Montgomery [illegible]

Order given by Family

How Secured Mem. Family

Occupation of Deceased Housewife

Name of Employer ........

Address ........

Date of Death March 4th 1939 1. P.M.

Date of Birth Nov. 12th 1918

Age 21

Date of Funeral March 5 [illegible] 2 P.M.

Services at Funeral Home

Clergyman Rev. James Wells

His Address ........

Religion of the Deceased Baptist

Resided in the State ........

Place of Death Newark City Hospital

Cause of Death See Coroner

Contributory Causes ........

Certifying Physician Hospital Staff

His Address Hospital

Name of Father [illegible] Beck

His Birthplace Atlanta Ga.

Maiden Name of Mother Mattie Cody

Her Birthplace Atlanta Ga.

Motor / Ship } Remains to ........

Size and Style of Casket Octagon end [illegible] top [illegible]

Manufactured by N. J.

Interment at Rosehill (Cemetery / Crematory)

(Diagram of Lot or Tomb): Grave part old 7/18/07

Lot No. ........

Grave No. 67

Section No. 11

Owner ........

| Item | $ |
|---|---|
| Complete Funeral | |
| Casket | 77 |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificates No. | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | 75 |
| Outlay for Lot | |
| Cremation | |
| line Death Notices in Papers (Names of Newspapers) | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | 57 |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 209 |
| Less | |
| Balance | |

Entered into Ledger, page 96 or below.

To Funeral Charges .... Total, $ ........ By Cash $ ........

[illegible]

Insurance $ ........ Names of Lodge ........ Insurance Companies Met. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue at maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. ........ Date ........ 19....

Name of Deceased ........ (Single — Married — Divorced) ........ (What Race) ........ (Where Born) ........

Residence of Deceased ........ Husband—Wife—Widow ........

Charge to ........

Address ........

Order given by ........

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death March 18 1939 (Date) (Hour)

Date of Birth Jan 17th 1914

Age 25 (Years) 1 (Months) 27 (Days)

Date of Funeral March ... (Date) (Day of Week) (Hour)

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (in U.S. or City or County) (Years) (Months)

Place of Death Bellevue Hospital ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

(Motor) Remains to ........

Size and Style of Casket ........

Manufactured by ........

Interment at ........ (Cemetery / Crematory)

Lot No. ........

Grave No. ........

Section No. 24

Owner ........

Diagram of Lot or Vault

| Item | $ | |
|---|---|---|
| Complete Funeral | | |
| Casket | | |
| Metallic Lining ........ | | |
| Outside Box ........ (State Kind) | | |
| Burial Vault ........ (State Kind) | | |
| Embalming Body ........ with ........ Fluid (State Kind) | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ ........ Slippers, $ | | |
| Folding Chairs, $ ........ (State Color) Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery ........ @ $ | | |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. ........ (State Number and District) | | |
| Pall Bearer Service, $ ........ Use of Chapel, $ (Name Physician's or Coroner's) | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| ........ Death Notices in ........ Papers | | |
| Flowers, $ ........ (Names of Newspapers) Palms, $ ........ Matting, $ | | |
| Rental of Tent, $ ........ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ........ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Motor Tickets, $ ........ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | |
| Less | $ | |
| Balance | $ | |

Entered into Ledger, page ........ or below.

| To Funeral Charges ........ Total, $ | By Cash | $ |
|---|---|---|
| | | |

Insurance $ ........ Name of Lodge ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ........ (Firm Name of Funeral Directors)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 26 Date ........ 19 ..

Name of Deceased ........ (Single—Married—Widowed)

Residence of Deceased ........

Charge to ........

Address ........

Order given by ........ (Relationship)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death ........ (Date) (Hour)

Date of Birth ........

Age ........ (Years) (Months) (Days)

Date of Funeral ........ (Date) (Day of Week) @ (Hour) M

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (or U. S. of Cap or County) (Years) (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address West Market St.

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Motor / Ship } Remains to ........

Size and Style of Casket ........

Octagon end ........

Manufactured by N. J. C. Co.

Interment at Rosehill { Cemetery / Crematory

Lot No. ........

Grave No. 648

Section No. 21

Owner ........

Diagram of Lot or Vault

Complete Funeral ........ $

Casket

Metallic Lining ........ (State Kind)

Outside Box ........ (State Kind)

Burial Vault ........ (State Kind)

Embalming Body ........ with ........ Fluid

Barber, $ ........ Hair Dressing, $

Dressing Body ........

Underwear, $ ........ Hose, $

Suit or Dress, $ ........ (State Color) Slippers, $

Folding Chairs, $ ........ Tarpaulin, $

Candelabrum, $ ........ Candles, $

Door Spray, $ ........ Gloves, $

Funeral Car, $ ........ Ambulance, $

Limousines to Cemetery ........ @ $

Autos to R. R. Station ........ @ $

Getting Remains from ........

Taking Remains to ........

Trip to Coroner's Inquest

Delivering Box to ........

Deliver Flowers to ........

Removal Charges ........

Procuring Burial Permit ........ (State Number and District)

___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)

Pall Bearer Service, $ ........ Use of Chapel, $

Personal Service ........

Outlay for Lot ........

Cremation ........

........ line Death Notices in ........ Papers (Names of Newspapers)

Flowers, $ ........ Palms, $ ........ Matting, $

Rental of Tent, $ ........ of Temporary Vault, $

Opening of Grave or Tomb ........

Lining Grave, $ ........ Lowering Device, $ 2

Outlay for Shipping Charges ........

Clergyman, $ ........ Singers, $ ........ Organist, $

Railroad or Motor } Tickets, $ ........ Auto-plane Service, $

Telegr., Phone, Cable or Radio Charges

Cash Advanced ........

Out of town Undertaker's Charges ........

Sales Tax ........

Total Footing of Bill ........ $

Less ........ $

Balance ........ $

Entered into Ledger, page ........ or below.

| | | | | | | |
|---|---|---|---|---|---|---|
| March | 24 | To Funeral Charges .... Total, $ | 210 / 10 | 50 / 50 | By Cash | |

Insurance $ ........ Names of Lodges ........ Indicate Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ........ (Print Name of Funeral Director) ........ days from date. Interest to accrue from ........

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same ........ maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by P. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 3 Date

...ased (Single — Married — Divorced) (White-Race)

...ceased Husband—Wife—Widow—

...Deceased

...yer

(Years) (Months) (Days)

(Hour) (Day of Week)

Deceased

State (or U. S. or City or County) (Years) (Months)

...ness

...ician (or Coroner)

Hospital

...of Mother

...to

...f Casket (State Kind)

Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

| | |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| 2 Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| Ins Death Notices in Papers | |
| (Names of Newspapers) | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | |
| Less | |
| Balance | |
| Entered into Ledger, page 41 or below. | |

To Funeral Charges Total, $ | By Cash

Names of Lodges | Insurance Companies Met. Life Ins. Co.

...the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) ...aforesaid sum, and I hereby covenant and agree to pay the same within Days from date. Interest to accrue from ...of 6% per annum.

Signed

Address

Compiled by F. J. PEMBERTON, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 26 Date ............ 19

Name of Deceased ............ (Single—Married—Divorced) ............ (Where Born)

Residence of Deceased ............ Husband—Wife—Widow ............

Charge to ............

Address ............

Order given by ............ (Relationship)

How Secured ............

Occupation of Deceased ............

Name of Employer ............

Address ............

Date of Death ............ (Date) (Hour)

Date of Birth ............

Age ............ (Years) (Months) (Days)

Date of Funeral ............ (Date) (Day of Week) (Hour)

Services at ............

Clergyman ............

His Address West St ............

Religion of the Deceased ............

Resided in the State ............ (or U.S. or City or County) (Years) (Months)

Place of Death ............

Cause of Death ............

Contributory Causes ............

Certifying Physician Dr. ............ (or Coroner)

His Address West Market St.

Name of Father ............

His Birthplace ............

Maiden Name of Mother ............

Her Birthplace ............

Motor / Ship } Remains to ............

Size and Style of Casket steel ............ Octagon ............ top (Style Case)

Manufactured by N. J. C. Co.

Interment at Rosehill ............ { Cemetery / Crematory

Lot No. ............

Grave No. 445

Section No. 21

Owner ............

(Diagram of Lot or Vault)

| Complete Funeral | $ |
|---|---|
| Casket | |
| Metallic Lining ............ (Style Kind) | |
| Outside Box ............ (Size Kind) | |
| Burial Vault ............ (Style Kind) | |
| Embalming Body ............ with ............ Fluid | |
| Barber, $ ............ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ............ Hose, $ | |
| Suit or Dress, $ ............ Slippers, $ | |
| Folding Chairs, $ ............ Tarpaulin, $ | |
| Candelabrum, $ ............ Candles, $ | |
| Door Spray, $ ............ Gloves, $ | |
| Funeral Car, $ ............ Ambulance, $ | |
| Limousines to Cemetery ............ @ $ | |
| Autos to R. R. Station ............ @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (Name Number and District) | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ............ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| line Death Notices in ............ Papers (Names of Newspapers) | |
| Flowers, $ ............ Palms, $ ............ Matting, $ | |
| Rental of Tent, $ ............ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ............ Lowering Device, $ 2 | |
| Outlay for Shipping Charges | |
| Clergyman, $ ............ Singers, $ ............ Organist, $ | |
| Railroad or Motor } Tickets, $ ............ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | |
| Less | |
| Balance | |
| Entered into Ledger, page ............ or below. | |

| Date | | Amount | | Date | | Amount |
|---|---|---|---|---|---|---|
| March 24 | To Funeral Charges ....Total, $ | 210 | 50 | March 29 | By Cash | |
| | | 10 | 50 | | | |

Insurance $ ............ Names of Lodges ............ Insurance Companies ............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ............ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ............ days from date. Interest to ............ maturity at the rate of 6% per annum.

Signed ............

Witness ............ Address ............

Compiled by F. F. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No.......... Yearly No. 2...... Date .......... 19....

Name of Deceased .......... (Single—Married—Divorced) .......... (What Race) .......... (Where Born)

Residence of Deceased .......... Husband—Wife—Widow .......... Mrs. ... McKnight

Charge to Mrs. Anna McKnight

Address ..........

Order given by ..........

How Secured Request of deceased (or informant)

Occupation of Deceased Barber (Saloon)

Name of Employer ..........

Address ..........

Date of Death April 6 ..........(Date) ..........(Hour)

Date of Birth ..........

Age .......... (Years) (Months) (Days)

Date of Funeral .......... (Date) (Day of Week) (Hour)

Services at ..........

Clergyman None

His Address ..........

Religion of the Deceased ..........

Resided in the State .......... (or U. S. or City or County) (Years) (Months)

Place of Death ..........

Cause of Death ..........

Contributory Causes ..........

Certifying Physician .......... Staff

His Address Hospital (or Coroner)

Name of Father ..........

His Birthplace ..........

Maiden Name of Mother ..........

Her Birthplace ..........

Mode of Remains to ..........

Size and Style of Casket ..........

Manufactured by ..........

Interment at .......... (Cemetery) (Crematory)

Lot No. ..........

Grave No. ..........

Section No. ..........

Owner ..........

| | | |
|---|---|---|
| Complete Funeral | $ | |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body .....with..... Fluid | | |
| Barber, $ ..... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ..... Hose, $ | | |
| Suit or Dress, $ ..... Slippers, $ | | |
| Folding Chairs, $ ..... Tarpaulin, $ | | |
| Candelabrum, $ ..... Candles, $ | | |
| Door Spray, $ ..... Gloves, $ | | |
| Funeral Car, $ ..... Ambulance, $ | | |
| Limousines to Cemetery ..... @ $ | | |
| Autos to R. R. Station ..... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| 2 Certif. Copies of Death Certificates No. | | |
| Pall Bearer Service, $ ..... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | 30 00 |
| .....line Death Notices in..... Papers | | |
| Flowers, $ ..... Palms, $ ..... Matting, $ | | |
| Rental of Tent, $ ..... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ..... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ | | |
| Railroad Tickets, $ ..... Extra Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | | |
| Less | | |
| Balance | | |
| Entered into Ledger, page 41 or below. | | |

| To Funeral Charges .... Total, $ | By Cash | $ |
|---|---|---|
| | | |

Insurance $ .......... Name of Lodges .......... Insurance Companies Met. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the sum within .......... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ..........

Witness .......... Address ..........

Compiled by F. J. ..........MANN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ...... Yearly No. [illegible] ...... Date [illegible] 19[illegible]

Name of Deceased [illegible] (Single — Married — Divorced) [illegible] (What Race) [illegible] (Where Born)

Residence of Deceased [illegible] Husband—Wife—Widow [illegible]

Charge to [illegible]

Address ......

Order given by [illegible] (Informant)

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer [illegible]

Address [illegible]

Date of Death [illegible] (Date) [illegible] (Hour)

Date of Birth [illegible]

Age [illegible] (Years) (Months) (Days)

Date of Funeral [illegible] (Date) [illegible] (Day of Week) [illegible] (Hour) M.

Services at [illegible]

Clergyman [illegible]

His Address [illegible]

Religion of the Deceased ......

Resided in the State ...... in U.S. or City or Country (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes ......

Certifying Physician Hospital Staff (or Coroner)

His Address Hospital

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace [illegible]

Motor / Ship } Remains to ......

Size and Style of Casket [illegible] (State Style) [illegible]

Manufactured by [illegible] C. Co.

Interment at Rosehill [illegible] { Cemetery / Crematory

Diagram of Lot or Vault: [illegible]

Lot No. [illegible]

Grave No. 53

Section No. [illegible]

Owner ......

| | | | |
|---|---|---|---|
| Complete Funeral | $ | 320 | 00 |
| Casket | | | |
| Metallic Lining ...... (State Kind) | | | |
| Outside Box ...... (State Kind) | | | |
| Burial Vault ...... (State Kind) | | | |
| Embalming Body ...... with ...... Fluid | | | |
| Barber, $ ...... Hair Dressing, $ | | | |
| Dressing Body | | | |
| Underwear, $ ...... Hose, $ | | | |
| Suit or Dress, $ ...... (State Color) Slippers, $ | | | |
| Folding Chairs, $ ...... Tarpaulin, $ | | | |
| Candelabrum, $ ...... Candles, $ | | | |
| Door Spray, $ ...... Gloves, $ | | | |
| Funeral Car, $ ...... Ambulance, $ | | | |
| Limousines to Cemetery ...... @ $ | | | |
| Autos to R. R. Station ...... @ $ | | | |
| Getting Remains from | | | |
| Taking Remains to | | | |
| Trip to Coroner's Inquest | | | |
| Delivering Box to | | | |
| Deliver Flowers to | | | |
| Removal Charges | | | |
| Procuring Burial Permit (Name Number and Station) | | | |
| Certif. Copies of Death Certificates No. (Same Physician's or Coroner's) | | | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | | | |
| Personal Service | | | |
| Outlay for Lot | | | |
| Cremation | | | |
| ...line Death Notices in ...... Papers (Names of Newspapers) | | | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | | | |
| Rental of Tent, $ ...... of Temporary Vault, $ | | | |
| Opening of Grave or Tomb | | | |
| Lining Grave, $ ...... Lowering Device, $ | | | |
| Outlay for Shipping Charges | | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | | |
| Railroad or Motor } Tickets, $ ...... Aero-plane Service, $ | | | |
| Telegr., Phone, Cable or Radio Charges | | | |
| Cash Advanced | | | |
| Out of town Undertaker's Charges | | | |
| Sales Tax | | | |
| Total Footing of Bill | $ | 320 | 00 |
| Less | $ | | |
| Balance | $ | | |

Entered into Ledger, page ...... or below.

| To Funeral Charges ...... Total, $ | | By Cash | $ |
|---|---|---|---|
| [illegible] | | | |

Insurance $ ...... Names of Lodges ...... Insurance Companies ......

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ......

Witness ...... Address ......

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 26 Date March 2[illegible]

Name of Deceased [illegible] (Single—Married—Divorced) [illegible] (White/Colored)

Residence of Deceased [illegible] (Husband—Wife—Widow) [illegible]

| | |
|---|---|
| Charge to [illegible] | Complete Funeral |
| Address [illegible] St. Newark, N.J. | Casket |
| Order given by [illegible] (or Informant) | Metallic Lining (State Kind) |
| How Secured [illegible] | Outside Box (State Kind) |
| Occupation of Deceased [illegible] | Burial Vault (State Kind) |
| Name of Employer | Embalming Body ...... with ...... Fluid |
| Address | Barber, $ ...... Hair Dressing, $ |
| Date of Death March [illegible] 1929 (Date) (Hour) | Dressing Body |
| Date of Birth [illegible] (Date) | Underwear, $ ...... Hose, $ |
| Age [illegible] (Years) (Months) (Days) | Suit or Dress, $ [illegible] (State Color) Slippers, $ |
| Date of Funeral [illegible] (Date) (Day of Week) (Hour) | Folding Chairs, $ ...... Tarpaulin, $ |
| Services at Funeral Home | Candelabrum, $ ...... Candles, $ |
| Clergyman [illegible] | Door Spray, $ ...... Gloves, $ |
| His Address [illegible] St. Newark | Funeral Car, $ ...... Ambulance, $ |
| Religion of the Deceased [illegible] | Limousines to Cemetery ...... @ $ |
| Resided in the State ...... (In U.S. or City or County) (Years) (Months) | Autos to R. R. Station ...... @ $ |
| Place of Death [illegible] | Getting Remains from |
| Cause of Death [illegible] | Taking Remains to |
| Contributory Causes | Trip to Coroner's Inquest |
| Certifying Physician [illegible] (or Coroner) | Delivering Box to |
| His Address West Market St. | Deliver Flowers to |
| Name of Father [illegible] | Removal Charges |
| His Birthplace [illegible] | Procuring Burial Permit (State Number and District) |
| Maiden Name of Mother [illegible] | Certif. Copies of Death Certificates No. (State Physician's or Coroner's) |
| Her Birthplace [illegible] | Pall Bearer Service, $ ...... Use of Chapel, $ |
| Motor/Ship Remains to | Personal Service [illegible] |
| Size and Style of Casket [illegible] (Style Color) [illegible] | Outlay for Lot |
| Manufactured by N. J. C. Co. | Cremation |
| Interment at Rosehill (Cemetery/Crematory) | ...line Death Notices in ...... Papers (Names of Newspapers) |
| Lot No. | Flowers, $ ...... Palms, $ ...... Matting, $ |
| Grave No. 648 | Rental of Tent, $ ...... of Temporary Vault, $ |
| Section No. 24 | Opening of Grave or Tomb |
| Owner | Lining Grave, $ ...... Lowering Device, $ |
| | Outlay for Shipping Charges |
| | Clergyman, $ ...... Singers, $ ...... Organist, $ |
| | Railroad or Motor Tickets, $ ...... Aeroplane Service, $ |
| | Telegr., Phone, Cable or Radio Charges |
| | Cash Advanced |
| | Out of town Undertaker's Charges |
| | Sales Tax |
| | Total Footing of Bill |
| | Less |
| | Balance |
| | Entered into Ledger, page ...... or below |

[illegible] vault

Diagram of Lot or Vault

| | | | | | |
|---|---|---|---|---|---|
| March 24 | To Funeral Charges | Total, $ | 210 50 | March 2[illegible] | By Cash |
| | | | 10 [illegible] | | |

Insurable $ ...... Name of Lodge ...... Insurance Companies

I hereby assigned the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... Firm Name of ...... for the payment of aforesaid sum, and I hereby covenant and agree to pay the said within ...... days from date ...... maturity at the rate of 6% per annum.

Signed

Witness ...... Address

Compiled by F. J. [illegible], St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 21 ........ Date ........ 193

Name of Deceased ........ (Single—Married—Divorced) ........ (What Race) ........ (Where Born)

Residence of Deceased ........ Husband—Wife—Widow of ........

Charge to ........

Address ........

Order given by ........

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death ........ 193 ........ (Hour)

Date of Birth ........ 1900

Age 38 (Years) 3 (Months) 25 (Days)

Date of Funeral ........ (Date) (Day of Week) (Hour)

Services at ........ Baptist Church

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (In U. S. or City or County) (Years) (Months)

Place of Death ........ Hospital

Cause of Death ........

Contributory Causes ........

Certifying Physician Hospital Staff (or Coroner)

His Address Hospital

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Move / Ship } Remains to ........

Size and Style of Casket ........ (State Color) ........

Manufactured by ........

Interment at ........ { Cemetery / Crematory

Diagram of Lot or Vault

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

| | |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ........ with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ (State Color) Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| ___Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| Use Death Notices in ........ Papers (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | |
| Balance | $ |
| Entered into Ledger, page ........ or below. | |

To Funeral Charges .... Total, $ ........ By Cash ........

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Firm Name of Funeral Director

Signed ........

Witness ........ Address ........

Compiled by F. E. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 27 Date 19 3_

ceased (Single — Married — Divorced) (What Race) (Where Born)

Deceased (Husband—Wife—Widow)

Deceased

oyer Self

State (Give City or County) (Town) (Register)

Cause

ysician Hospital Staff

Hospital

of Mother

s to

of Casket (Style Kind)

by

Rosehill (Cemetery / Crematory)

Lot or Vault

Lot No.

Grave No. 53

Section No. 11

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | 320 | |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ Slippers, $ | | |
| Folding Chairs, $ (State Color) Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| line Death Notices in Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 320 | |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below. | | |

| To Funeral Charges Total, $ | | | By Cash $ |
|---|---|---|---|
| | | | |

Names of Lodges

Insurance Companies

the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Give Name of Funeral Director) days from date. Interest to accrue from

of aforesaid sum, and I hereby covenant and agree to pay the same within rate of 6% per annum.

Signed

Address

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 23 ........ Date ........ 19..

Name of Deceased: [illegible] (Single — Married — Divorced) ........ (When Born) ........ (Where Born)

Residence of Deceased ........ Husband—Wife—Widow ........

Charge to ........

Address ........

Order given by ........

How Secured ........

Occupation of Deceased Housewife

Name of Employer ........

Address ........

Date of Death April 8th 1931 ........ (Date) ........ (Hour)

Date of Birth ........

Age 38 (Years) 3 (Months) 25 (Days)

Date of Funeral ........ (Date) (Day of Week) (Hour)

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased Protestant

Resided in the State ........ in U. S. or City or County ........ (Years) (Months)

Place of Death ........ Hospital

Cause of Death ........

Contributory Causes ........

Certifying Physician Hospital Staff (or Coroner)

His Address Hospital

Name of Father [illegible] Booker

His Birthplace Va.

Maiden Name of Mother Julia Cook

Her Birthplace Va.

Motor / Ship } Remains to ........

Size and Style of Casket ........ (State Color)

Manufactured by ........

Interment at Glendale ........ { Cemetery / Crematory }

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

Diagram of Lot or Vault

| | |
|---|---|
| Complete Funeral | $ |
| Casket ........ | |
| Metallic Lining ........ (State Kind) | |
| Outside Box ........ (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body ........ with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body ........ | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ Slippers, $ (State Color) | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to ........ | |
| Removal Charges | |
| Procuring Burial Permit (State Number and Charges) | |
| ....Certif. Copies of Death Certificates No. ........ (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service ........ | |
| Outlay for Lot ........ | |
| Cremation ........ | |
| ....line Death Notices in ........ Papers (Name of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb ........ | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges ........ | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced ........ | |
| Out of town Undertaker's Charges | |
| Sales Tax ........ | |
| Total Footing of Bill ........ | $ 359 |
| Less ........ | $ |
| Balance ........ | $ |
| Entered into Ledger, page ........ or below. | |

| To Funeral Charges ........ Total, $ | | By Cash. | $ |
|---|---|---|---|
| | | | |

Insurance $ ........ Name of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue yearly at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. ........ Date ........ 19..

Name of Deceased ........ (Single — Married — Divorced) ........ (When Born) ........ (Where Born)

Residence of Deceased ........ Husband—Wife—Widow ........

Charge to ........

Address ........

Order given by ........ (Relationship)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death ........ (Date) ........ (Hour)

Date of Birth ........

Age ........ (Months) ........ (Days)

Date of Funeral ........ (Date) ........ (Day of Week) ........ (Hour)

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........

Place of Death ........ (in U. S. or City or County) (Town) (Number)

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ Hospital Staff (or Coroner)

His Address ........ Hospital

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Remains to ........

Size and Style of Casket ........

Manufactured by ........

Interment at ........ Rosehill ........ (Cemetery / Crematory)

Lot No. ........ Grave No. ........ 53 ........ Section No. ........ 11 ........

Owner ........

(Diagram of Lot or Vault)

| | | |
|---|---|---|
| Complete Funeral | $ 320 | |
| Casket | | |
| Metallic Lining ........ (State Kind) | | |
| Outside Box ........ (State Kind) | | |
| Burial Vault ........ (State Kind) | | |
| Embalming Body ........ with ........ Fluid | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ ........ (State Color) Slippers, $ | | |
| Folding Chairs, $ ........ Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery ........ @ $ | | |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit ........ (State Number and District) | | |
| Certif. Copies of Death Certificates No. ........ (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| ........ ins Death Notices in ........ Papers (Names of Newspapers) | | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | | |
| Rental of Tent, $ ........ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ........ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad (or Motor) Tickets, $ ........ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ 320 | |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page ........ or below. | | |

To Funeral Charges ........ Total, $ ........ By Cash ........

Insurance $ ........ Name of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to pay for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of ........ per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. PETERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 38 ........ Date ........ 1937

Name of Deceased ........ (Single — Married — Divorced) ........ (When Born)

Residence of Deceased ........ Husband—Wife—Widow ........

Charge to ........

Address ........

Order given by ........ Sister (Relationship)

How Secured ........

Occupation of Deceased Housemaid

Name of Employer Hotel ........

Address ........

Date of Death ........ (Date) ........ (Hour)

Date of Birth ........

Age ........ Years ........ Months ........ Days

Date of Funeral ........ (Day of Week) ........ (Hour)

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased Baptist

Resided in the State ........ (or U. S. or City or County) Years ........ Months

Place of Death City Hospital

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Motor / Ship } Remains to ........

Size and Style of Casket ........ (State Color)

Manufactured by ........ Co.

Interment at ........ { Cemetery / Crematory

Diagram of Lot or Tomb

Lot No. ........

Grave No. ........

Section No. ........

Owner Robert ........

| | |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining ........ (State Kind) | |
| Outside Box ........ (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body ........ with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body ........ | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ (State Color) Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and Date) | |
| ....Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ....line Death Notices in ........ Papers (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor } Tickets, $ ........ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |
| Entered into Ledger, page ........ or below. | |

| To Funeral Charges .... Total, $ | | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available in ........ for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 31 Date ...... 193?

...eased ...... (Single—Married—Divorced) ...... (What Race) ...... (Where Born)

...Deceased ...... Husband—Wife—Widow— ......

...Deceased Student

...loyer

...Deceased

State (or U.S. or City or County) (Town) (Number)

City Hospital

Causes

...ysician (or Coroner)

...of Mother

...of Casket (State Color)

by

Roseh[illegible] (Cemetery / Crematory)

Lot No.

Grave No. 366

Section No. 16A

Owner

| | | |
|---|---|---|
| Complete Funeral | $ 60 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with ... (Name Kind) ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ ... (State Color) Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| ... Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| ... line Death Notices in ... Papers (Name of Newspapers) | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | 18 | 00 |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ 78 | 00 |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page ... or below. | | |

To Funeral Charges ... Total, $

By Cash $

Names of Lodges ...... Insurance Companies ......

...the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Firm Name of Funeral Directors) ...of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from ...rate of 6% per annum.

Signed

Address

Compiled by F. J. FEDERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 30 Date [illegible] 19

Name of Deceased [illegible] (Single—Married—Divorced) Negro (What Race) [illegible] (Where Born)

Residence of Deceased [illegible] Husband—Wife—Widow [illegible]

Charge to [illegible]

Address [illegible]

Order given by [illegible] (or Informant)

How Secured [illegible]

Occupation of Deceased Housewife

Name of Employer [illegible]

Address [illegible] High St.

Date of Death April 16th, 1939 (Hour) [illegible] (Hour)

Date of Birth ..........

Age 4[illegible] (Years) (Months) (Days)

Date of Funeral April 20th [illegible] (Day of Week) 2 P (Hour) M.

Services at [illegible]

Clergyman Rev. [illegible]

His Address

Religion of the Deceased Baptist

Resided in the State (U.S. or City or County) (Years) Months

Place of Death City Hospital

Cause of Death [illegible]

Contributory Causes ..........

Certifying Physician [illegible] (or Coroner)

His Address [illegible]

Name of Father [illegible]

His Birthplace Maryland

Maiden Name of Mother [illegible]

Her Birthplace Maryland

Motor / Ship Remains to

Size and Style of Casket [illegible] (State Color) Hinged top square [illegible]

Manufactured by [illegible]

Interment at [illegible] (Cemetery / Crematory)

| Lot purchased [illegible] | Lot No. |
|---|---|
| | Grave No. |
| | Section No. |
| | Owner Robert [illegible] |

(Diagram of Lot or Vault)

| | | |
|---|---|---|
| Complete Funeral | $ | |
| Casket | | 265 |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ (State Color) Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | 3 |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death (Number and Date) Certificate No. (Name Physician's or Coroner's) | | |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | [illegible] |
| Outlay for Lot | | |
| Cremation | | |
| line Death Notices in Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | [illegible] |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page or below. | | |

| To Funeral Charges Total, $ | | By Cash | $ |
|---|---|---|---|

Insurance $ Name of Lodge Insurance Company [illegible] Life Ins Co

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue after maturity at the rate of 6% per annum.

Signed

Witness .......... Address

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 31 ........ Date June ... 193-

Name of Deceased ............ (Single — Married — Divorced) ........ (What Race) ........ (Where Born)

Residence of Deceased ........ Husband—Wife—Widow or Single ........

Charge to ........

Address ........

Order given by ........ (or informant)

How Secured ........

Occupation of Deceased Student

Name of Employer ........

Address ........

Date of Death April ... (Date) (Hour)

Date of Birth ........

Age ........ (Years) (Months) (Days)

Date of Funeral ........ (Date) (Day of Week) (Hour) M.

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (In U. S. or City or County) (Years) (Months)

Place of Death City Hospital

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Motor / Ship } Remains to ........

Size and Style of Casket White Coffin (State Color)

Manufactured by ........

Interment at Rosehill ........ { Cemetery / Crematory

Lot No. ........

Grave No. 364

Section No. 16A

Owner ........

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 60 | 00 |
| Casket ........ | | |
| Metallic Lining ........ (State Kind) | | |
| Outside Box ........ (State Kind) | | |
| Burial Vault ........ (State Kind) | | |
| Embalming Body ...... with ...... Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body ........ | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ ........ Slippers, $ (State Color) | | |
| Folding Chairs, $ ...... Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Spray, $ ...... Gloves, $ | | |
| Funeral Car, $ ...... Ambulance, $ | | |
| Limousines to Cemetery ...... @ $ | | |
| Autos to R. R. Station ...... @ $ | | |
| Getting Remains from ........ | | |
| Taking Remains to ........ | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to ........ | | |
| Deliver Flowers to ........ | | |
| Removal Charges ........ | | |
| Procuring Burial Permit ........ | | |
| Certif. Copies of Death Certificates No. ........ (State Number and District) (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | | |
| Personal Service ........ | | |
| Outlay for Lot ........ | | |
| Cremation ........ | | |
| Sine Death Notices in ...... Papers | | |
| (Names of Newspapers) | | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | | |
| Rental of Tent, $ ...... of Temporary Vault, $ | | |
| Opening of Grave or Tomb ........ | 18 | 00 |
| Lining Grave, $ ...... Lowering Device, $ | | |
| Outlay for Shipping Charges ........ | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | |
| Railroad or Motor } Tickets, $ ...... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced ........ | | |
| Out of town Undertaker's Charges | | |
| Sales Tax ........ | | |
| Total Footing of Bill | 78 | 00 |
| Less ........ | | |
| Balance ........ | | |

Entered into Ledger, page 4.. or below.

To Funeral Charges ...Total, $ ........ By Cash $

Insurance $ ........ Names of Lodges ........ Insurance Company ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. ........ Date [illegible] 19[illegible]

Name of Deceased [illegible] (Single — Married — Divorced) [illegible] (White Race) [illegible] (Where Born)

Residence of Deceased [illegible] Husband—Wife—Widow—[illegible] [illegible]

Charge to [illegible]

Address [illegible]

Order given by [illegible] (or relation)

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer ........

Address ........

Date of Death April [illegible] 1934 (Date) [illegible] (Hour)

Date of Birth [illegible] 1924

Age 10 (Years) (Months) 17 (Days)

Date of Funeral [illegible] Friday (Date) (Day of Week) (Hour) M.

Services at Residence

Clergyman Rev [illegible]

His Address [illegible]

Religion of the Deceased Baptist

Resided in the State [illegible] (in U. S. Rural City or County) (Years) (Months)

Place of Death [illegible] hospital

Cause of Death [illegible]

Contributory Causes [illegible]

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother Mollie [illegible]

Her Birthplace [illegible]

Motor / Ship } Remains to ........

Size and Style of Casket [illegible] (State Color) [illegible]

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory

| [illegible] family lot | Lot No. ........ |
| --- | --- |
| | Grave No. ........ |
| | Section No. ........ |
| Diagram of Lot or Vault | Owner Mrs [illegible] |

| Item | $ | |
| --- | --- | --- |
| Complete Funeral | [illegible] | 00 |
| Casket | | |
| Metallic Lining ........ (State Kind) | | |
| Outside Box ........ (State Kind) | | |
| Burial Vault ........ (State Kind) | | |
| Embalming Body ........ with ........ Fluid | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body ........ | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ ........ (State Color) Slippers, $ | | |
| Folding Chairs, $ ........ Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery ........ @ $ | | |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from ........ | | |
| Taking Remains to ........ | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to ........ | | |
| Deliver Flowers to ........ | | |
| Removal Charges ........ | | |
| Procuring Burial Permit ........ (Permit Number and District) | | |
| Certif. Copies of Death Certificates No. ........ (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | 15 | 00 |
| Personal Service [illegible] | 10 | 00 |
| Outlay for Lot ........ | | |
| Cremation ........ | | |
| Use Death Notices in ........ Papers [illegible] (Names of Newspapers) | 3 | 00 |
| Flowers, $ ........ Palms, $ ........ Matting, $ | | |
| Rental of Tent, $ ........ of Temporary Vault, $ | | |
| Opening of Grave or Tomb ........ | 35 | 00 |
| Lining Grave, $ ........ Lowering Device, $ | | |
| Outlay for Shipping Charges ........ | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Motor } Tickets, $ ........ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced ........ | | |
| Out of town Undertaker's Charges | | |
| Sales Tax ........ | | |
| Total Footing of Bill | 2[illegible] | 00 |
| Less ........ | | |
| Balance ........ | | |

Entered into Ledger, page ........ or below.

| To Funeral Charges ........ Total, $ | | By Cash | $ |
| --- | --- | --- | --- |
| | | | |

Insurance $ ........ Name of Lodges ........ Insurance Company Met. Life Ins. Co

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (First Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 32 .... Date ... June 20 ...

Name of Deceased ... (Single—Married—Divorced) ... (What Race) ... (Where Born)

Residence of Deceased ... Husband—Wife—Widow of ...

Charge to ... Husband

Address ...

Order given by ... Sister (or Informant)

How Secured ...

Occupation of Deceased ... Housewife

Name of Employer ...

Address ...

Date of Death ... April 16th 1939 ... 4 P.M. (Date) (Hour)

Date of Birth ...

Age ... (Years) (Months) (Days)

Date of Funeral ... (Date) (Day of Week) (Hour)

Services at ... Funeral Home

Clergyman ...

His Address ...

Religion of the Deceased ... Baptist

Resided in the State ... (in U. S. or City or County) Years (Months)

Place of Death ... City Hospital

Cause of Death ...

Contributory Causes ...

Certifying Physician ... (or Coroner)

His Address ...

Name of Father ...

His Birthplace ... Maryland

Maiden Name of Mother ... Conrad

Her Birthplace ... Maryland

Motor / Ship } Remains to ...

Size and Style of Casket ...

Manufactured by ...

Interment at ... (Cemetery / Crematory)

Diagram of Lot or Vault

Lot No. ...

Grave No. ...

Section No. ...

Owner ...

| | |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining ... (State Kind) | |
| Outside Box ... (State Kind) | |
| Burial Vault ... (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and Date) | |
| Certif. Copies of Death Certificate (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ... Ins Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Mileage Tickets, $ ... Aeroplane Service, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |
| Entered into Ledger, page ... or below. | |

| To Funeral Charges ... Total, $ | | By Cash | $ |
|---|---|---|---|

Insurance $ ... Names of Lodges ... Insurance Companies ...

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Give Name of Person ...) ... for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to maturity at the rate of ...% per annum.

Signed

Witness ... Address

Compiled by F. J. Heinemann, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. ........ Date ........ 19....

Name of Deceased [illegible] (Single – Married – Widowed) ........ (Husband) (Wife) [illegible]

Residence of Deceased [illegible]

Charge to [illegible]

Address [illegible]

Order given by [illegible]

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer ........

Address ........

Date of Death [illegible] (Date) (Hour)

Date of Birth [illegible]

Age [illegible] (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour)

Services at [illegible]

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (or U.S. or City or Country) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes [illegible]

Certifying Physician [illegible] (or Coroner)

His Address [illegible]

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace ........

Motor / Ship } Remains to ........

Size and Style of Caskets [illegible] Coffin (Name Style) [illegible]

Manufactured by [illegible] Co

Interment at Rosehill { Cemetery / Crematorium

Diagram of Lot or Vault

Lot No. ........

Grave No. 262

Section No. [illegible]

Owner ........

| | | |
|---|---|---|
| Complete Funeral | | |
| Casket | | |
| Metallic Lining ........ (Name Kind) | | |
| Outside Box ........ (Name Kind) | | |
| Burial Vault ........ (Name Kind) | | |
| Embalming Body ........ with ........ Fluid | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ ........ Slippers, $ | | |
| Folding Chairs, $ ........ Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery ........ @ $ | | |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Procuring Burial Permit ........ (Date Issued) (Issued by) | | |
| Certif. Copies of Death Certificate ........ (No.) | | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| Ins. Death Notices in ........ Papers | | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | | |
| Rental of Tent, $ ........ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ........ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| R. R. Tickets, $ ........ Pass. Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | | |
| Less | | |
| Balance | | |
| Entered into Ledger, page [illegible] or below. | | |

To Funeral Charges ... Total, $ ........ By Cash ........

Insurance $ None Name of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient qualified legally available to ........ (Five Name of Funeral ... days from date. Terms: I ........)

For the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ (maturity at the rate of ... per annum).

Signed ........

Address ........

Witness ........

Printed by F. J. FRIEDMAN, St. Louis, Mo.

---

Total No. ........

Name of Deceased ........

Residence of Deceased ........

Charge to ........

Address ........

Order given by ........

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death ........

Date of Birth ........

Age ........

Date of Funeral ........

Services at ........

Clergyman ........

His Address ........

Religion of the ........

Resided in the ........

Place of Death ........

Cause of Death ........

Contributory ........

Certifying Physician ........

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name ........

Her Birthplace ........

Motor / Ship ........

Size and Style ........

Manufactured ........

Interment at ........

Diagram of L...

Insurance $ ........

I hereby authorize ........

For the payment ........

Witness ........

# RECORD OF FUNERAL

Yearly No. ........ Date ........ 19..

...eased ........ (Single—Married—Divorced) ........ (White Race) Newark, N.J.

Deceased ........ (Husband—Wife—Widow) ........

Deceased ........
Employer ........

Complete Funeral

| Item | $ | |
|---|---|---|
| Casket | 141 | 00 |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ........ with ........ Fluid | | |
| Barber, $........ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $........ (State Color) Slippers, $ | | |
| Folding Chairs, $ ........ Tarpaulin, $ | | |
| Candelabrum, $........ Candles, $ | | |
| Door Spray, $........ Gloves, $ | | |
| Funeral Car, $........ Ambulance, $ | | |
| Limousines to Cemetery ........ @ $ | | |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | 75 | 00 |
| Personal Service | 10 | 00 |
| Outlay for Lot | | |
| Cremation | | |
| ...line Death Notices in ........ Papers (Names of Newspapers) | 3 | 00 |
| Flowers, $ ........ Palms, $........ Matting, $ | | |
| Rental of Tent, $........ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $........ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $........ Singers, $........ Organist, $ | | |
| Railroad or Motor Tickets, $........ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 282 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page........ or below.

...of Deceased ........
...h ........ 1937 ........ (Hour)
... ........ 1938
... (Years) ........ (Months) 17 (Days)
...eral ........ (Date) Friday (Day of Week) ........ (Hour) M.
...
the Deceased ........
...e State ........ (or U. S. or City or County) (Years)
...th ........ Hospital
...th ........
...r Causes ........
...hysician ........ (or Coroner)
...her ........
...ce ........
...e of Mother Mollie Robinson
...ace ........
...ains to ........
...le of Casket ........ (State Color)
...ed by N. Y. C. C.
... ........ { Cemetery / Crematory

Lot No. ........
Grave No. ........
Section No. ........
Owner Mrs. ........

...of Lot or Vault

To Funeral Charges ........ Total, $........

By Cash ........

Names of Lodges ........ Insurance Companies Met. Life Ins. Co.

...orize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...
...ent of aforesaid sum, and I hereby covenant and agree to pay the same within........ days from date. Interest to accrue from ...
...he rate of 6% per annum.

Signed ........

Address ........

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 22 ........ Date [illegible] 19..

Name of Deceased [illegible] (Single—Married—Widowed) [illegible] (What Race) [illegible] (Where born)

Residence of Deceased [illegible] St. Newark — Husband—Wife—Widow— Mrs. Elizabeth [illegible]

Charge to Wife

Address [illegible]

Order given by Wife

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer

Address

Date of Death April [illegible] (Hour)

Date of Birth [illegible]

Age 40 (Years) (Months) (Days)

Date of Funeral April [illegible] Wednesday (Day of Week) 4 (Hour)

Services at [illegible]

Clergyman

His Address

Religion of the Deceased

Resided in the State (In U.S. or City or Country) (Years) (Months)

Place of Death [illegible]

Cause of Death [illegible]

Contributory Causes [illegible]

Certifying Physician [illegible] (or Coroner)

His Address 173 8th Ave. Newark N.J.

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mother [illegible]

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket [illegible] (State Color) [illegible]

Manufactured by N. J. C. Co.

Interment at Rosehill { Cemetery / Crematory

Lot No. ........

Grave No. 242

Section No. 24

Owner.

Diagram of Lot or Vault

- Complete Funeral $ [illegible]
- Casket
- Metallic Lining (State Kind)
- Outside Box (State Kind)
- Burial Vault (State Kind)
- Embalming Body ........ with ........ Fluid
- Barber, $ ........ Hair Dressing, $
- Dressing Body
- Underwear, $ ........ Hose, $
- Suit or Dress, $ (State Color) ........ Slippers, $
- Folding Chairs, $ ........ Tarpaulin, $
- Candelabrum, $ ........ Candles, $
- Door Spray, $ ........ Gloves, $
- Funeral Car, $ ........ Ambulance, $
- Limousines to Cemetery ........ @ $
- Autos to R. R. Station ........ @ $
- Getting Remains from
- Taking Remains to
- Trip to Coroner's Inquest
- Delivering Box to
- Deliver Flowers to
- Removal Charges
- Procuring Burial Permit (State Number and District)
- Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
- Pall Bearer Service, $ ........ Use of Chapel, $
- Personal Service
- Outlay for Lot
- Cremation
- Ins Death Notices in ........ Papers (Name of Newspapers)
- Flowers, $ ........ Palms, $ ........ Matting, $
- Rental of Tent, $ ........ of Temporary Vault, $
- Opening of Grave or Tomb
- Lining Grave, $ ........ Lowering Device, $
- Outlay for Shipping Charges
- Clergyman, $ ........ Singers, $ ........ Organist, $
- Railroad or Motor } Tickets, $ ........ Aeroplane Service, $
- Telegr., Phone, Cable or Radio Charges
- Cash Advanced
- Out of town Undertaker's Charges
- Sales Tax

Total Footing of Bill $ [illegible]

Less $

Balance $

Entered into Ledger, page 112 or below.

| To Funeral Charges Total, $ | By Cash |
|---|---|
| | |

Insurance None Name of Lodge ........ Insurance Company ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ........ for the payment of allowed sum, and I hereby covenant and agree to pay the same within ........ maturity at the rate of ........ per annum. Time Notes: if Funeral Invoice is not paid ........ days from date. Terms of payment ........

Witness ........ Signed ........

Address ........

# RECORD OF FUNERAL

Total No. ........ Yearly No. ........ Date ........ 19....

Name of Deceased ........ (Single — Married — Divorced) ........ (What Age) ........ (Where Born)

Residence of Deceased ........ Husband—Wife—Widow or Daughter ........

Charge to ........

Address ........

Order given by ........

How Secured ........ (or Informant)

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death April 3 ... 1927 ... (Date) (Hour)

Date of Birth Jan ... 1884

Age ........ (Years) (Months) 17 (Days)

Date of Funeral ........ Friday ........ (Date) (Day of Week) (Hour) M

Services at Residence

Clergyman ........

His Address ........

Religion of the Deceased Baptist

Resided in the State ........ (or U. S., City or County) (Years) (Months)

Place of Death ........ Hospital

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

Her Birthplace ........

Ship / Ship Remains to ........

Size and Style of Casket ........ (State Case)

Manufactured by ........

Interment at ........ { Cemetery / Crematory

Interred in McKeon family Plot

Diagram of Lot or Vault

Lot No. ........

Grave No. ........

Section No. ........

Owner Mr. McKeon

| | $ | |
|---|---|---|
| Complete Funeral | | |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ .... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ .... Hose, $ | | |
| Suit or Dress, $ .... Slippers, $ (State Color) | | |
| Folding Chairs, $ .... Tarpaulin, $ | | |
| Candelabrum, $ .... Candles, $ | | |
| Door Spray, $ .... Gloves, $ | | |
| Funeral Car, $ .... Ambulance, $ | | |
| Limousines to Cemetery .... @ $ | | |
| Autos to R. R. Station .... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ .... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| .... line Death Notices in .... Papers (Name of Newspapers) | | |
| Flowers, $ .... Palms, $ .... Matting, $ | | |
| Rental of Tent, $ .... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ .... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ .... Singers, $ .... Organist, $ | | |
| Railroad or Motor Tickets, $ .... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 232 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page .... or below. | | |

To Funeral Charges .... Total, $ ........ By Cash $ ........

Insurance $ ........ Names of Lodges ........ Insurance Company ........ Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FREIDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. .......... Yearly No. .......... Date .......... 19..

Name of Deceased [illegible] (Single—Married—Widowed) [illegible] (Where Born)

Residence of Deceased [illegible] Husband—Wife—Widow [illegible]

Charge to [illegible]

Address [illegible]

Order given by [illegible]

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer ..........

Address ..........

Date of Death [illegible] (Date) (Hour)

Date of Birth [illegible]

Age [illegible] (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour)

Services at [illegible]

Clergyman [illegible]

His Address [illegible]

Religion of the Deceased ..........

Resided in the State ..........

Place of Death [illegible] (U.S. or City or County) (Town) (Township)

Cause of Death [illegible]

Contributory Causes ..........

Certifying Physician [illegible] or Coroner

His Address [illegible]

Name of Father ?

His Birthplace ?

Maiden Name of Mother ?

Her Birthplace ?

Motor / Ship } Remains to ..........

Size and Style of Casket [illegible]

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory

[illegible] (Diagram of Lot or Vault)

Lot No. ..........

Grave No. 483

Section No. 24

Owner ..........

| Item | $ | |
|---|---|---|
| Complete Funeral | 100 | 00 |
| Casket | | |
| Metallic Lining .......... (State Kind) | | |
| Outside Box .......... (State Kind) | | |
| Burial Vault .......... (State Kind) | | |
| Embalming Body .......... with .......... Fluid | | |
| Barber, $ .......... Hair Dressing, $ | | |
| Dressing Body .......... | | |
| Underwear, $ .......... Hose, $ | | |
| Suit or Dress, $ .......... (State Color) Slippers, $ | | |
| Folding Chairs, $ .......... Tarpaulin, $ | | |
| Chandelabrum, $ .......... Candles, $ | | |
| Door Spray, $ .......... Gloves, $ | | |
| Funeral Car, $ .......... Ambulance, $ | | |
| Limousines to Cemetery .......... @ $ | | |
| Autos to R. R. Station .......... @ $ | | |
| Getting Remains from | | |
| Taking Remains to .......... | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to .......... | | |
| Deliver Flowers to | | |
| Removal Charges .......... | | |
| Procuring Burial Permit .......... (State Number and District) | | |
| ....Certif. Copies of Death Certificate No. .......... (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ .......... Use of Chapel, $ | [illegible] | |
| Personal Service | | |
| .......... | | |
| Outlay for Lot .......... | | |
| Cremation .......... | | |
| line Death Notices in .......... Papers (Names of Newspapers) | | |
| Flowers, $ .......... Palms, $ .......... Matting, $ | | |
| Rental of Tent, $ .......... of Temporary Vault, $ | | |
| Opening of Grave or Tomb .......... | [illegible] | |
| Lining Grave, $ .......... Lowering Device, $ | | |
| Outlay for Shipping Charges .......... | | |
| Clergyman, $ .......... Singers, $ .......... Organist, $ | 5 | 00 |
| Railroad / or Motor / Tickets, $ .......... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges .......... | | |
| Cash Advanced .......... | | |
| Out of town Undertaker's Charges .......... | | |
| Sales Tax .......... | | |
| Total Footing of Bill .......... | [illegible] | 00 |
| Less .......... | [illegible] | 00 |
| Balance .......... | [illegible] | 00 |

Entered into Ledger, page .......... or below.

| To Funeral Charges | Total, $ | By Cash | $ |
|---|---|---|---|
| [illegible] | | | |

Insurance $ .......... Names of Lodges .......... Insurance Companies [illegible]

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .......... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ..........

Witness .......... Address ..........

...copied by F. J. FRIEDEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. [illegible] Date [illegible] 19[illegible]

...ceased [illegible] (Single—Married—Divorced) [illegible] (What Race) [illegible] (Where Born)

Deceased [illegible]

[illegible]

[illegible]

...y [illegible]

[illegible]

...f Deceased [illegible]

...ployer

...h [illegible]

[illegible]

...th [illegible]

[illegible]

[illegible]

...r Deceased

...o State [illegible] (In U. S. or City or County) (Years) (Months)

...h [illegible]

...th [illegible]

Causes [illegible]

...ysician [illegible] (or Coroner)

[illegible]

...er [illegible]

...e [illegible]

...e of Mother [illegible]

...ce [illegible]

...ins to

...e of Casket [illegible]

[illegible]

...d by [illegible]

Rosehill (Cemetery / Crematory)

Lot No.

Grave No. [illegible]

Section No. [illegible]

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | [illegible] | [illegible] |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ (State Color) ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Date) | | |
| ...Certif. Copies of Death Certificate No. (Name Physician or Coroner) | | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| line Death Notices in ... Papers (Names of Newspapers) | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Airplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | [illegible] | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page 47 or below.

To Funeral Charges .... Total, $

By Cash ... $

[illegible] Names of Lodges ... Insurance Companies

...e the above Funeral, and I hereby represent that I have sufficient resources legally available to [Name of Funeral Director] ... days from date. Interest to accrue from ...t of aforesaid amt. and I hereby covenant and agree to pay the same within ... rate of 6% per annum.

Signed

Address

Compiled by F. J. FRINKMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ...................... Yearly No. ........ Date ........................ 19..

Name of Deceased ........................ (Single, Married, Widowed) ........................ (Where Born)

Residence of Deceased ........................ Husband—Wife—Widow ........................

Charge to ........................

Address ........................

Order given by ........................ (or relationship)

How Secured ........................

Occupation of Deceased ........................

Name of Employer ........................

Address ........................

Date of Death ........................ (Date) (Hour)

Date of Birth ........................

Age ........ (Years) (Months) (Days)

Date of Funeral ........................ (Date) (Day of Week) (Time)

Services at ........................

Clergyman ........................

His Address ........................

Religion of the Deceased ........................

Resided in the State ........................ (City, Village or Town or County) (Years) (Months)

Place of Death ........................

Cause of Death ........................

Contributory Causes ........................

Certifying Physician ........................ (or Coroner)

His Address ........................

Name of Father ........................

His Birthplace ........................

Maiden Name of Mother ........................

Her Birthplace ........................

Motor / Ship } Remains to ........................

Size and Style of Casket ........................ (Trade Name)

Manufactured by ........................

Interment at ........................ { Cemetery / Crematory

Lot No. ........

Grave No. 483

Section No. 24

Owner ........

Diagram of Lot or Vault

| | |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining ........ (State Kind) | |
| Outside Box ........ (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body ........ with ........ Fluid | |
| Barber, $ ........ Hair Dressing, $ ........ | |
| Dressing Body | |
| Underwear, $ ........ Hose, $ ........ | |
| Suit or Dress, $ ........ (State Color) Slippers, $ ........ | |
| Folding Chairs, $ ........ Tarpaulin, $ ........ | |
| Candelabrum, $ ........ Candles, $ ........ | |
| Door Spray, $ ........ Gloves, $ ........ | |
| Funeral Car, $ ........ Ambulance, $ ........ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from ........ | |
| Taking Remains to ........ | |
| Trip to Coroner's Inquest | |
| Delivering Box to ........ | |
| Deliver Flowers to ........ | |
| Removal Charges | |
| Procuring Burial Permit ........ (State Number and District) | |
| Certif. Copies of Death Certificates No. ........ (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Chapel, $ ........ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ........ line Death Notices in ........ Papers (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ ........ | |
| Rental of Tent, $ ........ of Temporary Vault, $ ........ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ........ Lowering Device, $ ........ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ ........ | |
| Railroad or Motor } Tickets, $ ........ Aeroplane Service, $ ........ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ |
| Less | $ |
| Balance | $ |
| Entered into Ledger, page ........ or below. | |

To Funeral Charges ........ Total, $ ........

By Cash ........ $

Insurance? ........ Name of Lodge ........ Insurance Company Met. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue ........ maturity at the rate of 6% per annum

Signed

Witness ........ Address.

Compiled by F. J. FEDERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. ........ Date ........ 19....

Name of Deceased ........ (Single — Married — Divorced) ........ (When Born) ........ Newark, N.J. (Where Born)

Residence of Deceased ........ (Husband's, Wife's, Widow's) ........

Charge to ........

Address ........

Order given by ........ (or Informant)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death ........ (Date) (Hour)

Date of Birth ........

Age ........ (Years) (Months) (Days)

Date of Funeral ........ (Date) (Day of Week) (Hour)

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (In U.S.) (City or County) (Years) (Months)

Place of Death ........

Cause of Death ........

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother ........

[Her] Birthplace ........

........ Remains to ........

[Siz]e and Style of Casket ........ (Name Color)

[Manu]factured by ........

[In]terment at Rosehill (Cemetery / Crematory)

Diagram of Lot or Vault

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 190 | 00 |
| Casket | | |
| Metallic Lining ........ (State Kind) | | |
| Outside Box ........ (State Kind) | | |
| Burial Vault ........ (State Kind) | | |
| Embalming Body ........ with ........ Fluid | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ ........ Slippers, $ | | |
| Folding Chairs, $ ........ (State Color) Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery ........ @ $ | | |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| ....Certif. Copies of Death Certificates No. | | |
| Pall Bearer Service, $ ........ (State Fraternity or Company) Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| ....line Death Notices in ........ Papers (Name of Newspapers) | | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | | |
| Rental of Tent, $ ........ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ ........ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Motor Tickets, $ ........ (State place) Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | | |
| Less | | |
| Balance | | |

Entered into Ledger, page ........ or below.

| To Funeral Charges | Total, $ | By Cash | |
|---|---|---|---|
| | | | |

Insurance $ ........ Name of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available ........ for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum. $ ........ (From Date of Funeral Services)

Witness ........ Signed ........

Address ........

Compiled by ........ St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 36 Date ............ 193[illegible]

Name of Deceased [illegible] (Single – Married – Divorced) ............ (Maiden Name) ............ (Where Born)

Residence of Deceased [illegible] Husband – Wife – Widow(er) of [illegible]

Charge to [illegible]

Address [illegible]

Order given by [illegible] (or otherwise)

How Secured [illegible]

Occupation of Deceased Chauffeur

Name of Employer

Address

Date of Death [illegible] (Date) (Hour)

Date of Birth Oct. 24th 1904

Age (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) [illegible] (Hour) M.

Services at [illegible] Home

Clergyman Rev. [illegible]

His Address [illegible]

Religion of the Deceased

Resided in the State (U. S. or City or Country) (Years) (Months)

Place of Death City Hospital

Cause of Death [illegible]

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father [illegible]

His Birthplace N.C.

Maiden Name of Mother Hattie [illegible]

Her Birthplace N.C.

Motor / Ship } Remains to

Size and Style of Casket [illegible] (State Color) [illegible] plush

Manufactured by [illegible]

Interment at [illegible] { Cemetery / Crematory

Lot No. ............

Grave No. [illegible]

Section No. [illegible]

Owner ............

(Diagram of Lot or Vault)

| Item | $ | |
|---|---|---|
| Complete Funeral | [illegible] | |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with ........ Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ ... Slippers, $ (State Color) | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| ... Certif. Copies of Death Certificates No. ... (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| ... line Death Notices in ... Papers (Names of Newspapers) | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor } Tickets, $ ... Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | [illegible] | 00 |
| Less | [illegible] | 00 |
| Balance | 232 | 00 |
| Entered into Ledger, page ... or below. | | |
| By Cash | | |

To Funeral Charges ... Total, $

Insurance $ ... Names of Lodges ... Insurance Companies [illegible]

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Print Name of Funeral Director) ... days from date. Interest to accrue from ...

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same ... maturity at the rate of 6% per annum.

Signed

Witness ... Address



Total No. / Name of Deceased / Residence of Deceased / Charge to / Address / Order given by / How Secured / Occupation of Deceased / Name of Employer / Address / Date of Death / Date of Birth / Age / Date of Funeral / Services at / Clergyman / His Address / Religion of the Deceased / Resided in the State / Place of Death / Cause of Death / Contributory Causes / Certifying Physician / His Address / Name of Father / His Birthplace / Maiden Name of Mother / Her Birthplace / Remains to / Size and Style of Casket / Manufactured by / Interment at / Diagram of Lot or Vault / Insurance $ / I hereby authorize the ... / Witness

# • RECORD OF FUNERAL

Yearly No. ........ Date ........ 19...

| | |
|---|---|
| Complete Funeral | |
| Casket | |
| Metallic Lining | |
| Outside Box | |
| Burial Vault | |
| Embalming Body ..... with ..... Fluid | |
| Barber, $ ..... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ..... Hose, $ | |
| Suit or Dress, $ ..... Slippers, $ | |
| Folding Chairs, $ ..... Tarpaulin, $ | |
| Candelabrum, $ ..... Candles, $ | |
| Door Spray, $ ..... Gloves, $ | |
| Funeral Car, $ ..... Ambulance, $ | |
| Limousines to Cemetery ..... @ $ | |
| Autos to R. R. Station ..... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| ..... Cert.f. Copies of Death Certificates No. | |
| Pall Bearer Service, $ ..... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ..... line Death Notices in ..... Papers | |
| Flowers, $ ..... Palms, $ ..... Matting, $ | |
| Rental of Tent, $ ..... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ..... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ..... Singer, $ ..... Organist, $ | |
| Tickets, $ ..... Phone Services, $ | |
| Teleg., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | |
| Less | |
| Balance | |

Lot No. ..... Grave No. ..... Section No. ..... Owner .....

Entered into Ledger, page ..... or below.

To Funeral Charges ..... Total, $ ..... By Cash, .....

Lodges ..... Insurance Companies .....

...the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from ... of 6% per annum.

Signed .....

Address .....

Compiled by F. F. Fruehauf, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 32 ............ Date ............ 193

Name of Deceased ............ (Single—Married—Widowed) ............ (Wagon Report) ............ (Wagon Sheet)

Residence of Deceased ............ St. ............ (Husband—Wife—Widow) ............

Charge to ............

Address ............

Order given by ............ (Relationship)

How Secured ............

Occupation of Deceased Chauffeur

Name of Employer ............

Address ............

Date of Death ............ (Date) ............ A.M. (Hour)

Date of Birth Oct. 24th 1904

Age ............ (Years) (Months) (Days)

Date of Funeral ............ (Date) ............ (Day of Week) ............ (Hour) M

Services at Funeral Home

Clergyman ............

His Address ............

Religion of the Deceased ............

Resided in the State ............ (In City or County) ............ Years ............ Months

Place of Death City Hospital

Cause of Death ............

Contributory Causes ............

Certifying Physician ............ (or Coroner)

His Address ............

Name of Father ............

His Birthplace N. C.

Maiden Name of Mother ............

Her Birthplace N. C.

Motor / Ship | Remains to ............

Size and Style of Casket ............ (State Color) ............

Manufactured by ............

Interment at ............ { Cemetery / Crematory

Lot No. ............

Grave No. 486

Section No. 24

Owner ............

Situation of Lot or Vault

| | |
|---|---|
| Complete Funeral | $ |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ...... with ...... Fluid | |
| Barber, $ ...... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ...... Hose, $ | |
| Suit or Dress, $ (State Color) ...... Slippers, $ | |
| Folding Chairs, $ ...... Tarpaulin, $ | |
| Candelabrum, $ ...... Candles, $ | |
| Door Spray, $ ...... Gloves, $ | |
| Funeral Car, $ ...... Ambulance, $ | |
| Limousines to Cemetery ...... @ $ | |
| Autos to R. R. Station ...... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ...... line Death Notices in ...... Papers (Names of Newspapers) | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | |
| Rental of Tent, $ ...... of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ...... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | |
| Railroad or Motor Tickets, $ ...... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 233 |
| Less | $ 9 |
| Balance | $ 232 |
| Entered into Ledger, page ...... or below. | |

To Funeral Charges .... Total, $ ............

By Cash ............ $

Insurance $ ............ Names of Lodges ............ Insurance Companies Met. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ............ (Firm Name of Funeral Director)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ............ days from date. Interest to accrue at maturity at the rate of ......% per annum.

(Signed) ............

Witness ............

Compiled by F. J. FREIDMANN, St. Louis, Mo.

# • RECORD OF FUNERAL

Total No. ........ Yearly No. [illegible] ........ Date [illegible] ........ 19[illegible]

Name of Deceased [illegible] (Single – Married – Divorced) (White Race)

Residence of Deceased [illegible] Newark (Husband – Wife – Widow)

Charge to Mrs. [illegible]

Address [illegible] Thomas St. Newark

Order given by [illegible] (by informant)

How Secured [illegible]

Occupation of Deceased Infant

Name of Employer ........

Address ........

Date of Death [illegible] (Date) (Hour)

Date of Birth [illegible]

Age ........ (Years) (Months) (Days)

Date of Funeral [illegible] Thursday [illegible] (Day) (Day of Week) (Hour) M.

Services at [illegible]

Clergyman [illegible]

His Address [illegible] N.J.

Religion of the Deceased ........

Resided in the State ........

Place of Death [illegible] Newark

Cause of Death [illegible]

Contributory Causes ........

Certifying Physician ........ or Coroner

His Address ........

Name of Father [illegible]

His Birthplace Newark N.J.

Maiden Name of Mother [illegible]

Her Birthplace Newark N.J.

Ship Remains to ........

Size and Style of Casket [illegible]

Manufactured by [illegible]

Interment at [illegible] (Cemetery / Crematory)

Lot No. [illegible]

Grave No. [illegible]

Section No. ........

Owner ........

Diagram of Lot or Tomb

| | |
|---|---|
| Complete Funeral | 32 00 |
| Casket | |
| Metalic Lining | |
| Outside Box | |
| Burial Vault | |
| Embalming Body ....with ....Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Car, $ ........ Ambulance, $ | |
| Limousine to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificate | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | |
| Personal Service | 30 00 |
| Outlay for Lot | |
| Cremation | |
| Death Notices in ........ Papers | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | |
| Railroad or Motor Tickets, $ ........ Berths, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 62 00 |
| Less | |
| Balance | |

Entered into Ledger, page........ or below.

| To Funeral Charges .... Total, $ | | By Cash | |
|---|---|---|---|
| [illegible] | | | |

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to me for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Witness ........ Signed ........

Address ........

Compiled by F. J. [illegible], St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 36 ........ Date [illegible] 193[illegible]

Name of Deceased Mrs. [illegible] (Single — Married — Widowed) [illegible] (White Race) [illegible] (Wgtne Born)

Residence of Deceased [illegible] Husband—Wife—Widow of [illegible]

Charge to Mrs. [illegible]

Address [illegible]

Order given by [illegible]

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer

Address

Date of Death May [illegible] (Date) [illegible] (Hour)

Date of Birth Oct. 24th 1904

Age 35 (Years) (Months) (Days)

Date of Funeral May [illegible] (Day of Week) [illegible] M (Hour)

Services at [illegible] Home

Clergyman Rev. [illegible]

His Address [illegible]

Religion of the Deceased

Resided in the State (U. S. or City or County) (Years) (Months)

Place of Death City Hospital

Cause of Death See Permit

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father [illegible]

His Birthplace N. C.

Maiden Name of Mother [illegible]

Her Birthplace N. C.

Motor / Ship } Remains to

Size and Style of Casket [illegible] (Style Color) [illegible] silver grey [illegible]

Manufactured by [illegible]

Interment at [illegible] (Cemetery / Crematory)

[illegible]<br>1-9-37<br>[illegible]

(Situation of Lot or Vault)

Lot No.

Grave No. 486

Section No. 24

Owner

| Complete Funeral | $ | |
|---|---|---|
| Casket | | [illegible] |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ (State Color) Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | [illegible] |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | [illegible] |
| Outlay for Lot | | |
| Cremation | | |
| ....line Death Notices in ....Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | [illegible] |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | 238 |
| Less | $ | 9 |
| Balance | $ | 232 |
| Entered into Ledger, page ...... or below. | | |

| To Funeral Charges .... Total, $ | | By Cash | $ |
|---|---|---|---|
| [illegible] 12/7/39 [illegible] | | | |

Insurance $ ........ Names of Lodges ........ Insurance Companies Met. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue maturity at the rate of 6% per annum.

Signed

Witness ........ Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# • RECORD OF FUNERAL

Total No. ........ Yearly No. [illegible] Date [illegible] 19[illegible]

Name of Deceased [illegible] (Single—Married—Divorced) (What Race) (Where Born)

Residence of Deceased [illegible] Husband—Wife—Widow [illegible]

Charge to [illegible]

Address [illegible]

Order given by [illegible]

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer

Address

Date of Death [illegible] (Date) (Hour)

Date of Birth [illegible]

Age [illegible] (Years) (Months) (Days)

Date of Funeral [illegible] (Date) (Day of Week) (Hour)

Services at [illegible]

Clergyman [illegible]

His Address [illegible]

Religion of the Deceased

Resided in the State

Place of Death [illegible] (in U. S. or City or County) (Years) (Months)

Cause of Death [illegible]

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father [illegible]

His Birthplace Newark N.J.

Maiden Name of Mother [illegible]

Her Birthplace Newark N.J.

Remains to

Size and Style of Casket [illegible] (Stage Class)

Manufactured by [illegible]

Interment at [illegible] (Cemetery) (Crematory)

[illegible] (Diagram of Lot or Vault)

Lot No. [illegible]

Grave No. [illegible]

Section No.

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | [illegible] | |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with ... Fluid (State Kind) | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ (Open Color) | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | [illegible] | [illegible] |
| Outlay for Lot | | |
| Cremation | | |
| ... line Death Notices in ... Papers (Names of Newspapers) | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 62 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page ... or below. | | |

| To Funeral Charges ... Total, $ | By Cash $ |
|---|---|
| [illegible] | |

Insurance $ ... Name of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ............

Witness ............ Address ............

Compiled by F. J. BRANNIGAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 38 ............ Date June 28th 19..

Name of Deceased Mrs. Minnie Van Blake (Single – Married – Widowed) Negro Wrightsdale S.C. (What Race) (Where Born)

Residence of Deceased 102 Van... ...th St Montclair N.J. Husband – Wife – Widow of Nathaniel Van Blake

Charge to Mrs Dorothy Van ... (Dau.)

Address 102 Van ...th St Montclair N.J.

Order given by Daughter

How Secured New Family (or otherwise)

Occupation of Deceased Housewife

Name of Employer ............

Address ............

Date of Death June 25th 19.. ... (Hour)

Date of Birth June 25th 1886

Age 52 (Years) 10 (Months) 21 (Days)

Date of Funeral Mar 31st Saturday 2 P.M. (Date) (Day of Week) (Hour)

Services at Memorial A.M.E. Zion Church

Clergyman Rev. E. J. Nelson

His Address Crittenden St Montclair N.J.

Religion of the Deceased A.M.E. Zion

Resided in the State ............ (or U.S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death See Permit

Contributory Causes ............

Certifying Physician R. J. Kolodin M.D. (or Coroner)

His Address 15 Broad St Bloomfield N.J.

Name of Father Samuel Grey

His Birthplace S.C.

Maiden Name of Mother Julia T.

Her Birthplace S.C.

Motor / Ship Remains to ............

Size and Style of Casket Bronze finish Arnex Crown Half Couch Casket

Manufactured by N.Y. & Brooklyn C. Co.

Interment at Glendale { Cemetery / Crematory }

Diagram of Lot or Vault

Lot No. ............
Grave No. 68
Section No. 3
Owner ............

To Funeral Charges.... Total, $ ............ | By Cash ............ $

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | | |
| Casket | 325 | 00 |
| Metallic Lining ............ (State Kind) | | |
| Outside Box Steel (State Kind) | 21 | 00 |
| Burial Vault (State Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ ... | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ ... | | |
| Suit or Dress, $ ... (State Color) Slippers, $ ... | | |
| Folding Chairs, $ ... Tarpaulin, $ ... | | |
| Candelabrum, $ ... Candles, $ ... | | |
| Door Spray, $ ... Gloves, $ ... | | |
| Funeral Car, $ ... Ambulance, $ ... | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| ...Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ... Use of Chapel, $ ... | | |
| Personal Service #3 | 75 | 00 |
| Outlay for Lot | | |
| Cremation | | |
| ...line Death Notices in ... Papers Montclair Times (Name of Newspapers) | 3 | 00 |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | 55 | 00 |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 358 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ...... or below.

Insurance $ ............ Names of Lodges ............ Insurance Companies Met. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ............

Witness ............ Address ............

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Total No. ... Name of Deceased ... Residence of Deceased ... Charge to ... Address ... Order given by ... How Secured ... Occupation of Deceased ... Name of Employer ... Address ... Date of Death ... Date of Birth ... Age ... Date of Funeral ... Services at ... Clergyman ... His Address ... Religion of the Deceased ... Resided in the State ... Place of Death ... Cause of Death ... Contributory Causes ... Certifying Physician ... His Address ... Name of Father ... His Birthplace ... Maiden Name of Mother ... Her Birthplace ... Remains to ... Size and Style of Casket ... Manufactured by ... Interment at ... To Funeral Charges ... Insurance ... I hereby ... for the payment of aforesaid ... maturity at the rate of 6% ... Witness

# RECORD OF FUNERAL

Yearly No. ...... Date ...... 19 ...

Mrs. Robert Reed ...... (Single—Married—Divorced) ...... (What Race) ...... (What Sect)

Husband— Wife Name ... Emmanuel Reed

Saturday

Memorial Hospital

Mother: Amanda ...

Rosedale (Cemetery / Crematory)

Lot No.

Grave No.

Section No.

Owner ...

Funeral Charges ... Total, $ ... By Cash.

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | | |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with (State Kind) ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ (State Color) ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. | | 75 |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| ... Death Notices in ... Papers (Names of Newspapers) | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | 14 | 00 |
| Lining Grave, $ ... Lowering Device, $ | GRATIS | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced TRANSCRIPT ... | | 50 |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 148 | 25 |
| Loss | | |
| Balance | | |
| Entered into Ledger, page ... or below. | | |

Compiled by F. J. PEDERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 38 ........ Date June [illegible] 19[illegible]

Name of Deceased Mrs. Mamie [illegible] (Single — Married — Divorced)

Residence of Deceased 103 [illegible]

Charge to [illegible]

Address 103 [illegible]

Order given by [illegible]

How Secured [illegible]

Occupation of Deceased Housewife

Name of Employer ........

Address ........

Date of Death May 20th 193[illegible] (Date) ........ (Hour)

Date of Birth June 25th 18[illegible]

Age 52 (Years) 10 (Months) 24 (Days)

Date of Funeral May 23th (Date) Saturday (Day of Week) 2 P (Hour) M

Services at [illegible] Memorial A.M.E. Zion [illegible]

Clergyman Rev. [illegible]

His Address [illegible] St. [illegible]

Religion of the Deceased A.M.E. Zion

Resided in the State ........ (or U. S. or City or County) (Years) (Months)

Place of Death Residence

Cause of Death See Permit

Contributory Causes ........

Certifying Physician [illegible] M.D. (or Coroner)

His Address 45 [illegible] St. Bloomfield [illegible]

Name of Father [illegible]

His Birthplace N. C.

Maiden Name of Mother Julia [illegible]

Her Birthplace N. C.

Motor / Ship } Remains to ........

Size and Style of Casket [illegible] Half Couch Casket

Manufactured by N. Y. & Brooklyn C. Co.

Interment at Glendale { Cemetery / Crematory

Lot No. ........

Grave No. 68

Section No. 3

Owner ........

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | |
| Casket | 325 00 |
| Metallic Lining | |
| Outside Box [illegible] (State Kind) | 21 00 |
| Burial Vault (State Kind) | |
| Embalming Body ... with ... (State Kind) Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... (State Color) Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service #3 | 75 00 |
| Outlay for Lot | |
| Cremation | |
| line Death Notices in ... Papers [illegible] (Names of Newspapers) | 3 00 |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | 55 00 |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor } Tickets, $ ... Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 38[illegible] 00 |
| Less | |
| Balance | |

Entered into Ledger, page ...... or below.

To Funeral Charges .... Total, $ ........ By Cash ........ $

Insurance $ ........ Name of Lodges ........ Insurance Companies Met. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEHRMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 3 1 ........ Date [illegible] 19 [illegible]

Name of Deceased Mrs. Robert Reed (Single - Married - Divorced) ........ [illegible] (Where Born)

Residence of Deceased [illegible] ........ Mrs. Alice Reed

Charge to Mrs. Rose Reed

Address [illegible]

Order given by Daughter

How Secured [illegible]

Occupation of Deceased [illegible]

Name of Employer

Address

Date of Death [illegible] (Hour)

Date of Birth [illegible]

Age [illegible] (Years) (Months) (Days)

Date of Funeral [illegible] Saturday 31 (Date) (Day of Week) (Hour)

Services at [illegible]

Clergyman Rev. [illegible]

His Address [illegible]

Religion of the Deceased Baptist

Resided in the State (In U.S. or City or County) (Years) (Months)

Place of Death Memorial Hospital

Cause of Death Chronic Myocarditis

Contributory Causes [illegible]

Certifying Physician Dr. [illegible]

His Address Memorial Hospital

Name of Father Eben Reed

His Birthplace Va.

Maiden Name of Mother [illegible]

Her Birthplace Va.

Remains to

Name and Style of Casket Steel [illegible]

[illegible] (State Color)

Manufactured by [illegible]

Interment at Rosedale (Cemetery / Crematory)

[illegible]

Lot No. ........ Grave No. ........ Section No. ........ Owner Mrs. [illegible]

| Item | $ |
|---|---|
| Complete Funeral | 175.00 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ Slippers, $ | |
| Folding Chairs, $ (State Color) Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. | .75 |
| Pall Bearer Service, $ (State Physician's or Coroner's) Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| Death Notices in Papers (Names of Newspapers) | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | 14.00 GRATIS |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced TRANSCRIPT [illegible] | .50 |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 160.25 |
| Less | |
| Balance | |

Entered into Ledger, page ........ or below.

To Funeral Charges ........ Total $ ........ By Cash $

Insurance ........ Names of Lodges ........ Insurance Companies [illegible]

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ........ Address

Compiled by F. F. PENNEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 48 Date June 26 1939

Name of Deceased Mrs. Myrtle [illegible] (Single—Married—Divorced) Who [illegible] (What Race) (Where Born)

Residence of Deceased 142 Charlton St. [illegible] Husband—Wife—Widow—of Jesse Gordon [illegible]

Charge to Mrs. Emma Zedder

Address 142 Charlton St. [illegible]

Order given by Family

How Secured Mem. Family

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death May 19th

Date of Birth [illegible] 31

Age 38 (Years) (Months) (Days)

Date of Funeral May 22 Monday 2 P. (Date) (Day of Week) (Hour)

Services at St. John's Methodist Church

Clergyman Rev. W. C. Thompson

His Address

Religion of the Deceased Methodist

Resided in the State

Place of Death Muhlenberg Hospital Plainfield New Jersey

Cause of Death [illegible]

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Edward Zedder

His Birthplace Woodbridge N.J.

Maiden Name of Mother Carrie [illegible]

Her Birthplace Maryland

Motor / Ship } Remains to

Size and Style of Casket White embossed plush Octagon end 1/2 Couch (Inner Color)

Manufactured by N. J. C. Co.

Interment at Evergreen (Cemetery) (Crematory)

| Gran card del. 5/24/39 J. E. C. | Lot No. |
|---|---|
| | Grave No. 17 Range 27 Section No. |
| (Owner of Lot or Vault) | Owner |

| Item | $ |
|---|---|
| Complete Funeral | |
| Casket | 210 50 |
| Metallic Lining | 15 00 |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with (State Kind) Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges from [illegible] | 10 00 |
| Procuring Burial Permit (State Number and District) | |
| 1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | 1 00 |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | 25 00 |
| Outlay for Lot | |
| Cremation | |
| line Death Notices in Papers [illegible] (Name of Newspapers) | 2 00 |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | 10 00 |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 264 50 |
| Less | |
| Balance | |
| Entered into Ledger, page or below | |

| To Funeral Charges....Total, $ | By Cash $ |
|---|---|
| [illegible] | |

Insurance $ 278.25 Names of Lodges Insurance Companies Met. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 41 — Date Sept. 14th 1939

Mary Love (Single — Married — Divorced) — Negro (What Race) — Arlington, Ga. (Where Born)

...nd 14 Boyd St. Newark, N. J. — (Single — Wife — Widow) of Patrick Love

Patrick Love

...oyd St. Newark, N. J.

Family

...ployed Housewife

March 7th (Date) ... (Hour)

3

(Month) (Date) (Hour)

March 11th (Date) Saturday (Day of Week) 2 P.M. (Hour)

...ntral Home

...eceased

...ate (... or City or County) (Years) (Months)

...ark City Hospital

See Permit

...ses

...an (or Coroner)

Mother Amy Davis

...o

Casket (State Lining)

Rosehill (Cemetery / Crematory)

Lot No.

Grave No. 588

Section No. 24

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 107 | 75 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| Insertion Death Notices in ... Papers | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 132 | 75 |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

To Funeral Charges — Total, $ — By Cash — $

Name of Employee — Insurance Companies

...the above Funeral, and I hereby represent that I have sufficient resources legally available to ... (Pass Book of Funeral Director) ... days from date. Interest to accrue from ... aforesaid sum, and I hereby covenant and agree to pay the same within ... of 6% per annum.

Signed

Address

Compiled by F. J. PICKERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ..... Yearly No. 40 Date June 21 19..

Name of Deceased, Mrs. Myrtle Walker ..... Negro ..... (What Race) ..... (Where Born)

Residence of Deceased 542 Charlton St. Newark NJ (Husband—Wife—Widow—of) Mr. Gordon Walker

Charge to: Mrs. Anna Scudder

Address. 140 Charlton St. Newark NJ

Order given by. Brandon

How Secured New Family

Occupation of Deceased Housewife

Name of Employer .....

Address .....

Date of Death May 20

Date of Birth .....

Age. 21 (Years) (Months) (Days)

Date of Funeral. May 22 Monday 2 P. M.

Services at. St. John's Methodist Church

Clergyman Rev. Mr. C. Thompson

His Address .....

Religion of the Deceased Methodist

Resided in the State .....

Place of Death Muhlenberg Hospital Plainfield New Jersey

Cause of Death .....

Contributory Causes .....

Certifying Physician .....

His Address .....

Name of Father. Edward Scudder

His Birthplace. Woodbridge N.J.

Maiden Name of Mother Louise [illegible]

Her Birthplace. Maryland

Remains to .....

Size and Style of Casket White Embossed Plush Velour ..... 1/2 Couch

Manufactured by N. J. C. Co.

Interment at Evergreen { Cemetery / Crematory

Grave card del. 5/24/39 J. E. C.

Plot No. .....

Grave No. 17

Range 27

Section No. .....

Owner .....

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | |
| Casket | 110 |
| Metallic Lining | 15 |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ..... with ..... Fluid | |
| Barber, $ ..... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ..... Hose, $ | |
| Suit or Dress, $ ..... Slippers, $ | |
| Folding Chairs, $ ..... Tarpaulin, $ | |
| Candelabrum, $ ..... Candles, $ | |
| Door Spray, $ ..... Gloves, $ | |
| Funeral Car, $ ..... Ambulance, $ | |
| Limousines to Cemetery ..... @ $ | |
| Autos to R. R. Station ..... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges from Plainfield NJ | 10 |
| Procuring Burial Permit | |
| 1 Certif. Copies of Death Certificates No. | 1 |
| Pall Bearer Service, $ ..... Use of Chapel, $ | |
| Personal Service | 25 |
| Outlay for Lot | |
| Cremation | |
| ..... line Death Notices in Newark News Papers | 3 |
| Flowers, $ ..... Palms, $ ..... Matting, $ | |
| Rental of Tent, $ ..... of Temporary Vault, $ | |
| Opening of Grave or Tomb | 50 |
| Lining Grave, $ ..... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ..... Singers, $ ..... Organist, $ | |
| Railroad or Motor Tickets, $ ..... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 264 |
| Less | |
| Balance | |

Entered into Ledger, page ..... or below.

| To Funeral Charges ..... Total, $ | | By Cash | $ |
|---|---|---|---|
| | | | |

Insurance $ 271.25 Names of Lodges ..... Insurance Companies Prud. Life Ins. Co.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Director.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 41 ........ Date Sept. 14th 1939.

Name of Deceased Mary Love (Single — Married — Widowed) ........ Negro Arlington, Ga. (What Race) (Where Born)

Residence of Deceased 14 Boyd St. Newark N. J. (Husband — Wife — Widow) Patrick Love

Charge to Mr. Patrick Love

Address 14 Boyd St. Newark N. J.

Order given by Family (or witnessed)

How Secured ........

Occupation of Deceased Housewife

Name of Employer ........

Address ........

Date of Death March 7th (Date) (Hour)

Date of Birth ........

Age 43 (Years) (Months) (Days)

Date of Funeral March 11th (Date) Saturday (Day of Week) 2 P.M. (Hour)

Services at Funeral Home

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (Years) (Months)

Place of Death Nwk. City Hospital (or D.C. or City or County)

Cause of Death See Permit

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father ........

His Birthplace ........

Maiden Name of Mother Amy Davis

Her Birthplace ........

Ship Remains to ........

Size and Style of Casket ........ (Inside Color)

Manufactured by ........

Interment at Rosehill (Cemetery / Crematory)

Lot No. ........

Grave No. 5.8.8

Section No. 24

Owner ........

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 107 | 75 |
| Casket ........ | | |
| Metallic Lining ........ (State Kind) | | |
| Outside Box ........ (State Kind) | | |
| Burial Vault ........ (State Kind) | | |
| Embalming Body ........ with ........ Fluid | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body ........ | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ ........ (State Color) Slippers, $ | | |
| Folding Chairs, $ ........ Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery ........ @ $ | | |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from ........ | | |
| Taking Remains to ........ | | |
| Trip to Coroner's Inquest ........ | | |
| Delivering Box to ........ | | |
| Deliver Flowers to ........ | | |
| Removal Charges ........ | | |
| Procuring Burial Permit ........ (State Number and Details) | | |
| ........ Certif. Copies of Death Certificates No. ........ | | |
| Pall Bearer Service, $ ........ (State Payments or Courtesy) Use of Chapel, $ | | |
| Personal Service ........ | | |
| Outlay for Lot ........ | | |
| Cremation ........ | | |
| ........ Death Notices in ........ Papers (Names of Newspapers) | | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | | |
| Rental of Tent, $ ........ of Temporary Vault, $ | 25 | 00 |
| Opening of Grave or Tomb ........ | | |
| Lining Grave, $ ........ Lowering Device, $ | | |
| Outlay for Shipping Charges ........ | | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Motor Tickets, $ ........ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges ........ | | |
| Cash Advanced ........ | | |
| Out of town Undertaker's Charges ........ | | |
| Sales Tax ........ | | |
| Total Footing of Bill | 132 | 75 |
| Less ........ | | |
| Balance | | |
| Entered into Ledger, page ........ or below. | | |

To Funeral Charges ........ Total, $ ........

By Cash ........ $

Insurance $ ........ Name of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ........ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 42 Date Sept. 14th .... 1939

Negro (White Race) Atlanta, Ga. (Where Born)

Name of Deceased ........ (Single—Married—Divorced) Husband—Wife—Widow of Calvin Miller

Residence of Deceased Catherine (Mattie) Miller

Charge to Mr. Calvin Miller

Address 95 Montgomery St. Newark, N. J.

Order given by Husband (or informant)

How Secured ........

Occupation of Deceased Housewife

Name of Employer ........

Address ........

Date of Death March 11th ........ 1 P.M. (Hour)

Date of Birth Nov. 12th. 1918. (Date)

Age 21 (Years) (Months) (Days)

Date of Funeral March 15th wed. 2 P.M. (Date) (Day of Week) (Hour)

Services at Funeral Home

Clergyman Rev. Jas. Wiley

His Address ........

Religion of the Deceased Baptist

Resided in the State ........ (in the City or County) (Years) (Months)

Place of Death Newk. City Hospital

Cause of Death See Permit

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father Lawrence Tarr

His Birthplace Atlanta, Ga.

Maiden Name of Mother Mattie Clay

Her Birthplace Atlanta, Ga.

Motor / Ship } Remains to Det. ... top. Bost

Size and Style of Casket ........ State Color ........

Manufactured by ........

Interment at Rosehill { Cemetery / Crematory

Diagram of Lot or Vault

Lot No. ........

Grave No. 67

Section No. 11

Owner ........

| Item | $ | |
|---|---|---|
| Complete Funeral | 77 | 00 |
| Casket | | |
| Metallic Lining .... (State Kind) | | |
| Outside Box .... (State Kind) | | |
| Burial Vault .... (State Kind) | | |
| Embalming Body .... with .... Fluid | | |
| Barber, $ .... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ .... Hose, $ | | |
| Suit or Dress, $ .... (State Color) Slippers, $ | | |
| Folding Chairs, $ .... Tarpaulin, $ | | |
| Candelabrum, $ .... Candles, $ | | |
| Door Spray, $ .... Gloves, $ | | |
| Funeral Car, $ .... Ambulance, $ | | |
| Limousines to Cemetery .... @ $ | | |
| Autos to R. R. Station .... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Charges) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ .... Use of Chapel, $ | | |
| Personal Service $ 3 | 75 | 00 |
| Outlay for Lot | | |
| Cremation | | |
| Sne Death Notices in .... Papers (Names of Newspapers) | | |
| Flowers, $ .... Palms, $ .... Matting, $ | | |
| Rental of Tent, $ .... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | 57 | 00 |
| Lining Grave, $ .... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ .... Singers, $ .... Organist, $ | | |
| Railroad or Motor } Tickets, $ .... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 209 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page .... or below. | | |

To Funeral Charges .... Total, $ ........ By Cash $ ........

Paid Bal. 4/18/39 J. C. D.

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of 8% per annum. (Firm Name of Funeral Directors)

Signed ........

Witness ........ Address ........

Compiled by F. J. PRICEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 43

Date Sept. 14 th 1929

Mr Willis Frank Cooper ... (Single — Married — Widowed) ... Negro (What Race) ... Georgia (Where Born)

...ased 145 Charlton St. Newark N.J. ... Husband—Wife—Widow— to ... of ...

Anna Mimms

Charlton St. Newark N.J.

Mathew (or attendant)

...ceased Labor

...r.

March 13 th

...n. 11th 1914

15 ... 1 (Months) ... 27 (Days)

Mar. 1929 Sat (Date) (Day of Week) ... 2 P.M. (Hour)

...

Williams

...ecease...

...tate ... (City or County) (Township) (Borough)

Newark City Hospital

See Permit

...gnea...

...cian. / (or Coroner)

John Whitley

Georgia

...f Mother Anna Hicks

Georgia

...to

...f Casket ... (State Color)

Rosehill Cemetery (Cemetery / Crematory)

Lot No. ...

Grave No. 745

Section No. 24

Owner

| | | |
|---|---|---|
| Complete Funeral | $ | 187.00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ ... (State Color) Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Date) | | |
| 2 Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | 1.00 |
| Pall Bearer Service, $ ... Use of Chapel, $ | | 85.00 |
| Personal Service — Newark ... for copy of death | | 1.00 |
| Outlay for Lot | | |
| Cremation | | |
| / ... line Death Notices in ... Papers (Names of Newspapers) | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | 25.00 |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Aeroplane Services, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ | 299.00 |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page ... or below. | | |

| To Funeral Charges ... Total $ | | | | By Cash | $ |
|---|---|---|---|---|---|
| Paid April 13/39 J. E. C. | | | | | |

Names of Lodges ... Insurance Companies

...e the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Type Name of Funeral Director) ... days from date. Interest to accrue from

...f aforesaid sum, and I hereby covenant and agree to pay the same within ...ate of 6% per annum.

Signed

Address

# RECORD OF FUNERAL

Total No. ........ Yearly No. 42 Date Sept. 1944 19

Name of Deceased (Single — Married — Divorced) Negro (What Race) Atlanta, (Where Born)

Residence of Deceased Catherine Mattie Miller ... of Calvin Miller

Charge to Mr Calvin Miller

Address 95 Montgomery St, Newark N.J.

Order given by Husband (or Informant)

How Secured

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death March 11th (Date) 1 P.M. (Hour)

Date of Birth Nov. 12th 1918

Age 21 (Years) (Months) (Days)

Date of Funeral March 15th wed. (Date) (Day of Week) 2 P.M. (Hour)

Services at Funeral Home

Clergyman Rev. Jas. Walls

His Address

Religion of the Deceased Baptist

Resided in the State (In City or County) (Years) (Months)

Place of Death Newk City Hospital

Cause of Death See Permit

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Lawrence Bell

His Birthplace Atlanta, Ga.

Maiden Name of Mother Mattie Clay,

Her Birthplace Atlanta, Ga.

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Rosehill { Cemetery / Crematory

Lot No.

Grave No. 67

Section No. 11

Owner

(Diagram of Lot or Walls)

| Item | $ |
|---|---|
| Complete Funeral | |
| Casket | 77 |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ (State Color) ... Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service ... $ 3 | 75 |
| Outlay for Lot | |
| Cremation | |
| ...line Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | 57 |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 209 |
| Less | |
| Balance | |

Entered into Ledger, page ... or below.

| To Funeral Charges ... Total, $ | | | | | By Cash | $ |
|---|---|---|---|---|---|---|
| Paid Bal 4/18/39 [illegible] | | | | | | |

Insurance $ ... Name of Lodge ... Insurance Company

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue after maturity at the rate of 6% per annum.

Signed

Witness ... Address

Compiled by F. J. PRIDEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 43 Date Sept. 14th 1939

Name of Deceased Mr. Willie Frank Cr[illegible] (Single – Married – Widowed) Single (White Race) Negro (Where Born)

Residence of Deceased 145 Charlton St. Newark N. J. Husband—Wife—Widow of

Charge to Mrs. Anna [illegible]

Address 145 Charlton St. Newark N. J.

Order given by Mother (or informant)

How Secured

Occupation of Deceased Labor

Name of Employer

Address

Date of Death March 15th (Date) (Hour)

Date of Birth Jun. 17th 1914

Age 25 (Years) 1 (Months) 27 (Days)

Date of Funeral Mar. 18 (Date) Sat. (Day of Week) 2 P.M. (Hour)

Services at Funeral Home

Clergyman Rev. Williams

His Address

Religion of the Deceased

Resided in the State

Place of Death Newk. City Hospital (City or County) (State) (Number)

Cause of Death See Permit

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father John Whitley

His Birthplace Georgia

Maiden Name of Mother Anna Hicks

Her Birthplace Georgia

Motor Ship Remains to

Name and Style of Casket (State Color)

Manufactured by

Interment at Rosehill Cemetery (Cemetery Crematory)

Lot No.

Grave No. 745

Section No. 24

Owner

Diagram of Lot or Vault

| | | |
|---|---|---|
| Complete Funeral | 157 | 00 |
| Casket (State Kind) | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ Slippers, $ | | |
| Folding Chairs, $ (State Color) Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. 2 (State Number and District) (State Physician's or Coroner's) | 1 | 00 |
| Pall Bearer Service, $ Use of Chapel, $ | 85 | 00 |
| Personal Service [illegible] for Copy of death | 1 | 00 |
| Outlay for Lot | | |
| Cremation | | |
| Death Notices in Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | $ 297 | 00 |
| Less | $ | |
| Balance | $ | |
| Entered into Ledger, page or below. | | |

To Funeral Charges … Total, $

Paid April 13/39 J. E. C.

By Cash $

Insurance $ Name of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby warrant that I have sufficient resources legally available to … (Print Name of Funeral Director) … for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within … days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Address

Witness

Compiled by F. H. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 74 ........ Date ........ 19....

Name of Deceased Dorthy Bilber (Single—Married—Divorced) (What Race) (Where Born)

Residence of Deceased 27 Bergen St. Newark N.J. Husband—Wife—Widow of

Charge to Mr. Chas. Bilber

Address 27 Bergen St

Order given by Husband (or otherwise)

How Secured ........

Occupation of Deceased Housewife

Name of Employer ........

Address ........

Date of Death June 4th, 1939 Hour

Date of Birth Feb 6th 1907

Age 32 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) Hour

Services at Queen of Angels R.C. Church

Clergyman Father Ahern

His Address ........

Religion of the Deceased Catholic

Resided in the State (in U.S. or City or County) (Years) (Months)

Place of Death ........

Cause of Death See Permit

Contributory Causes ........

Certifying Physician (or Coroner)

His Address ........

Name of Father George Jones

His Birthplace New Hope, Pa.

Maiden Name of Mother Annie Scudder

Her Birthplace Newark, N.J.

Motor / Ship } Remains to ........

Size and Style of Casket Sq. end. comb. Plush, Kydaga side Blue Silver (State Color)

Manufactured by ........

Interment at Holy Cross { Cemetery / Crematory

Diagram of Lot or Vault

Lot No. 27
Tier a
Grave No. ........
Section No. 7
Block 3
Owner ........

| | $ | |
|---|---|---|
| Complete Funeral | 263 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with .... Fluid | | |
| Barber, $ .... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ .... Hose, $ | | |
| Suit or Dress, $ .... Slippers, $ (State Color) | | |
| Folding Chairs, $ .... Tarpaulin, $ | | |
| Candelabrum, $ .... Candles, $ | | |
| Door Spray, $ .... Gloves, $ | | |
| Funeral Car, $ .... Ambulance, $ | | |
| Limousines to Cemetery .... @ $ | | |
| Autos to R. R. Station .... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| ___ Certif. Copies of Death Certificates No. (From Physician's or Coroner's) | | |
| Pall Bearer Service, $ .... Use of Chapel, $ | 25 | 00 |
| Personal Service # 2 | 150 | 00 |
| Outlay for Lot | | |
| Cremation | | |
| ... Death Notices in .... Papers (Names of Newspapers) | | |
| Flowers, $ .... Palms, $ .... Matting, $ | 15 | 00 |
| Rental of Tent, $ .... of Temporary Vault, $ | 52 | 00 |
| Opening of Grave or Tomb | | |
| Lining Grave, $ .... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ .... Singers, $ .... Organist, $ | 20 | 00 |
| Railroad / or Motor } Tickets, $ .... Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 475 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page .... or below | | |

To Funeral Charges Total, $ ........ By Cash $ ........

Paid 6/27/39 J.E.C.

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ........ First Name of Funeral Director ........ days from date. Interest at ........ per annum from

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same with ........ maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 45 — Date Sept. 14th 1939 — Negro (White/Black) — S.C. (Where Born)

[...]ased John Fortune (Single — Married — Divorced)

[...]ceased 70 Waverly ave. Newark, N.J. — Husband—Wife—Widow—

[...] Mattie Fortune

[...] Waverly ave. Newark, N.J.

[...] Family (Relationship)

[...] Deceased W.P.A. Laborer

[...]oyer

[...] June 11th 1939 9.30 A.M. (Date) (Hour)

[...] Unknown

[...]t 55 (Years) (Months) (Days)

[...] June 13th (Date) (Day of Week) (Hour) M

[...] Deceased

[...] State (or Town or City or County) (State) (Abroad)

[...] Newark City Hospital

[...] See Permit

[...] Causes

[...]sician (or Coroner)

[...] Marshall Fortune

[...] Unknown

[...] of Mother Mallison

[...] S.C.

[...]n to

[...] of Casket Square Coffin Steel (Item Color)

[...]y

[...] by

[...] Rosehill (Cemetery / Crematory)

Lot No.

Grave No. 210

Section No. 24

Owner

| Item | Amount |
|---|---|
| Complete Funeral | $ 118.00 |
| Casket | |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... (State Color) Slippers, $ | |
| Folding Chairs, $ ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificate No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ... line Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | 25.00 |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Singers, $ ... Organist, $ | |
| Railroad or Motor Tickets, $ ... Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out-of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 118.00 |
| Less | |
| Balance | |

Entered into Ledger, page ...... or below.

To Funeral Charges .... Total, $ — By Cash

Name of Lodges — Insurance Companies

[...] the above Funeral, and I hereby represent that I have sufficient resources Legally available to [...] (Give Name of Funeral Director) [...] days from date. Interest to accrue from [...] of aforesaid sum, and I hereby covenant and agree to pay the same within [...] rate of 6% per annum.

Signed

Address

# RECORD OF FUNERAL

Total No. ........ Yearly No. 74 ........ Date........19....

Name of Deceased Dorthy Bilber (Single—Married—Divorced) (Widow—Widower)

Residence of Deceased 27 Bergen St Newark N.J.

Charge to Mrs. Chas. Bilber

Address 27 Bergen St

Order given by Husband (Relationship)

How Secured........

Occupation of Deceased Housewife

Name of Employer........

Address........

Date of Death June 4th 1939 (Day) (Year)

Date of Birth Feb 6th 1907

Age 32 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour)

Services at Queen of Angels R.C. Church

Clergyman Father Ahern

His Address........

Religion of the Deceased Catholic

Resided in the State ........ or U.S. or City or County (Years) (Months)

Place of Death........

Cause of Death See Permit

Contributory Causes........

Certifying Physician........ (or Coroner)

His Address........

Name of Father George Jones

His Birthplace New Hope Pa.

Maiden Name of Mother Annie Scudder

Her Birthplace Newark N.J.

Motor / Ship } Remains to

Size and Style of Casket Sq. end leaf black, Hedge side Blue Silver (State Color)

Manufactured by

Interment at Holy Cross { Cemetery / Crematory

Lot No. 97 Tier a

Grave No........

Section No. 7 Block 3

Owner.

Diagram of Lot or Vault

| Item | Amount |
|---|---|
| Complete Funeral | 263 |
| Casket ........ | |
| Metallic Lining ........ | |
| Outside Box ........ (State Kind) | |
| Burial Vault ........ (State Kind) | |
| Embalming Body ........ with ........ (State Kind) Fluid | |
| Barber, $ ........ Hair Dressing, $ | |
| Dressing Body ........ | |
| Underwear, $ ........ Hose, $ | |
| Suit or Dress, $ ........ (State Color) Slippers, $ | |
| Folding Chairs, $ ........ Tarpaulin, $ | |
| Candelabrum, $ ........ Candles, $ | |
| Door Spray, $ ........ Gloves, $ | |
| Funeral Chr. $ ........ Ambulance, $ | |
| Limousines to Cemetery ........ @ $ | |
| Autos to R. R. Station ........ @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | 25 |
| Personal Service ........ 2 | 150 |
| Outlay for Lot | |
| Cremation | |
| line Death Notices in ........ Papers (Names of Newspapers) | |
| Flowers, $ ........ Palms, $ ........ Matting, $ | 15 |
| Rental of Tent, $ ........ of Temporary Vault, $ | |
| Opening of Grave or Tomb | 22 |
| Lining Grave, $ ........ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | 20 |
| Railroad or Motor } Tickets, $ ........ Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 475 |
| Less | |
| Balance | |
| Entered into Ledger, page ........ or below. | |

| To Funeral Charges Total, $ | By Cash $ |
|---|---|
| Paid 6/22/39 J.E.C. | |

Insurance $ ........ Name of Lodge ........ Insurance Company ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ........ for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ maturity at the rate of 6% per annum. (Pass Name of Funeral Director) days from date. Interest if carried ........

Signed ........

Address ........

# RECORD OF FUNERAL

Total No. ........ Yearly No. 47 Date Sept. 14th 1939

Name of Deceased John Fortune (Single—Married—Divorced) Negro (What Race) S.C. (Where Born)

Residence of Deceased 70 Waverly ave. Newark N.J. Husband—Wife—Widow of

Charge to Mrs Mottie Fortune

Address 70 Waverly ave. Newark N.J.

Order given by Family

How Secured

Occupation of Deceased W.P.A. Laborer

Name of Employer

Address

Date of Death June 11th 1939 9.30 a.m. (Date) (Hour)

Date of Birth Unknown

Age About 55 (Years) (Months) (Days)

Date of Funeral June 13th (Date) (Day of Week) (Hour)

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (Years) (Months)

Place of Death Nwk. City Hospital

Cause of Death See Permit

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Marshall Fortune

His Birthplace Unknown

Maiden Name of Mother Mallon

Her Birthplace S.C.

Remains to

Size and Style of Casket Square Coffin Steel Grey

Manufactured by

Interment at Rosehill {Cemetery / Crematory}

Diagram of Lot or Vault

Lot No.

Grave No. 210

Section No. 24

Owner

| | | |
|---|---|---|
| Complete Funeral | $ 118 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ (State Color) ... Slippers, $ | | |
| Folding Chairs, $ ... Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| ... line Death Notices in ... Papers (Names of Newspapers) | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Auto Hearse Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 118 | 00 |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

To Funeral Charges ... Total, $ By Cash

Insurance $ ... Name of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of 6% per annum. (First Name of Funeral Directors)

Witness ... Signed ... Address

# RECORD OF FUNERAL

Total No. ........ Yearly No. 46 ........ Date Sept. 11th 193[illegible]

Name of Deceased Mr. [illegible] Harris (Single — Married — Divorced) Negro Boydine [illegible] (What Race) (When Born)

Residence of Deceased 215 Livingston St. Newark N.J. Husband—Wife—Widow of { Single.

Charge to Mrs. Lizzie Harris

Address P.O. [illegible], Va.

Order given by Mother

How Secured ........

Occupation of Deceased Laborer

Name of Employer ........

Address ........

Date of Death June 8th 1938 (Hour)

Date of Birth Aug. 6th 1916

Age 22 (Years) 10 (Months) 2 (Days)

Date of Funeral June 11th 1938 (Day of Week) 4 P.M. (Hour)

Services at Funeral Home.

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (In U.S. or City or County) (Years) (Months)

Place of Death N.Y. City.

Cause of Death Sec. [illegible]

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address

Name of Father Thomas Harris

His Birthplace Va.

Maiden Name of Mother Lizzie Harris

Her Birthplace Va.

Motor / Ship } Remains to

Size and Style of Casket Sq. Cut top Silver Grey

Manufactured by

Interment at Rosemill { Cemetery / Crematory

Lot No. ........

Grave No. 590

Section No. 24

Owner ........

Diagram of Lot or Vault

| | | |
|---|---|---|
| Complete Funeral | $ | 169 00 |
| Casket ... | | |
| Metallic Lining ... (State Kind) | | |
| Outside Box ... (State Kind) | | |
| Burial Vault ... (State Kind) | | |
| Embalming Body ... with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body ... | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ ... Slippers, $ | | |
| Folding Chairs, $ ... (State Color) Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to ... | | |
| Deliver Flowers to ... | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. (State Number and Amount) (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot ... | | |
| Cremation ... | | |
| Line Death Notices in ... Papers (Names of Newspapers) | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb ... | | 25 00 |
| Lining Grave, $ ... Lowering Device, $ | | |
| Outlay for Shipping Charges ... | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | 3 00 |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | | |
| Teleg., Phone, Cable or Radio Charges | | |
| Cash Advanced ... | | |
| Out of town Undertaker's Charges | | |
| Sales Tax ... | | |
| Total Footing of Bill ... | $ | 192 00 |
| Less ... | $ | |
| Balance ... | $ | |
| Entered into Ledger, page ... or below. | | |

To Funeral Charges ... Total, $ ........ By Cash

Paid
6/21/39
J. E. W.

Insurance $ ........ Names of Lodges ........ Insurance Companies Washington National

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ... for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... (Time Name of Funeral Director) ... days from date. Interest to become from maturity at the rate of 6% per annum.

Witness ........ Signed ........ Address ........

Printed by F. A. FEHNEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 41 — Date Sept. 14th, 1934

...of Mrs. Lula Hyman (Single—Married—Divorced) — Negro (What Race) — N.C. (Where Born)

...ceased 167 Livingston St. Newark N.J. — Husband—Wife—Widow

Ruth Gordon

Somerset St. Newark N.J.

Daughter (or otherwise)

...Deceased

...oyer

June 10th 1934

Sept. 7th 1892

46 (Years) 8 (Months) 3 (Days)

(Date) (Day of Week) (Hour) M.

...e Deceased

...e State (or U.S. or City or County) (Years) (Months)

...h 167 Livingston St. Newark N.J.

...th See Permit

Causes

...ysician (or Coroner)

...her Henry Barnes

...e N.C.

...e of Mother Florence Griffin

...ce N.C.

...ins to

...e of Casket Oct. End hinged top (State Color)

Grey plush

...ed by

...e N.C. (Cemetery / Crematory)

...of Lot or Vault

Lot No. — Grave No. — Section No. — Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 119 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ 5.00 (State Color) Slippers, $ | 5 | 00 |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ Use of Chapel, $ | 75 | 00 |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| line Death Notices in Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | 2 | 00 |
| Railroad or Motor Tickets, $ Aero-plane Service, $ | 2 | 42 |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced R.R. tickets | 24 | 71 |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 228 | 13 |
| Less | | |
| Balance | | |

Entered into Ledger, page ... or below.

| To Funeral Charges | Total, $ | | By Cash | $ |
|---|---|---|---|---|
| Pd. June 18/39 | | | | |

...Name of Lodge ... Insurance Companies

...horize the above Funeral, and I hereby represent that I have sufficient resources legally available to ... Firm Name (if Funeral Director) ... days from date. Interest to accrue from ...

...ent of aforesaid sum, and I hereby covenant and agree to pay the same within ... the rate of 6% per annum.

Signed ... Address ...

Compiled by F. J. FREIDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ................ Yearly No. 46 .......... Date Sept. 15th. 1939

Name of Deceased Mr. Willie Harris. (Single—Married—Divorced) Negro (White Race) Boydene Wm. (Where Born)

Residence of Deceased 215 Livingston St. Newark, N.J. Husband—Wife—Widow—of { Single.

Charge to Mrs. Virgie Harris

Address P.O. Novella, Va.

Order given by Mathew (or Relation)

How Secured

Occupation of Deceased Laborer

Name of Employer

Address

Date of Death June 8th 1939 (Date) (Hour)

Date of Birth Aug. 6th 1916

Age 22 (Years) 10 (Months) 2 (Days)

Date of Funeral June 11th 1937 (Date) (Day of Week) 4 P.M. (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death N. J. City

Cause of Death Sui. [illegible]

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Thomas Harris

His Birthplace Va.

Maiden Name of Mother Virgie Harris

Her Birthplace Va.

Motor / Ship } Remains to

Size and Style of Casket Sq. Cut top Silver Grey (Trade Name)

Manufactured by

Interment at Rosedale { Cemetery / Crematory

Diagram of Lot or Vault

Lot No.

Grave No. 520

Section No. 24

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | 149 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ (State Color) Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| Ins Death Notices in Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | 25 | 00 |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ 3.00 Singers, $ Organist, $ | 3 | 00 |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 172 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page or below. | | |

To Funeral Charges .... Total, $ | By Cash $

Paid 6/21/39 J. G. 

Insurance $ ........ Names of Lodges ........ Insurance Companies Washington National

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of 6% per annum.

Witness Signed Address



Total No. ... Name of Deceased Mrs. ... Residence of Deceased ... Charge to Mrs. ... Address 133 ... Order given by ... How Secured ... Occupation of ... Name of Employer ... Address ... Date of Death ... Date of Birth ... Age ... Date of Funeral ... Services at ... Clergyman ... His Address ... Religion of the ... Resided in the ... Place of Death ... Cause of Death ... Contributory ... Certifying Physician ... His Address ... Name of Father ... His Birthplace ... Maiden Name ... Her Birthplace ... Remains ... Size and Style ... Manufactured ... Interment at ...

Insurance $ ... I hereby author... for the payment... maturity at the... Witness

# RECORD OF FUNERAL

Yearly No. 41 — Date Sept. 14th 1934

...ased Mrs. Lula Hyman — (Single—Married—Divorced) — Virgo N.C. (Where Born) (Where Born)

...ceased 167 Livingston St. Newark N.J. — Husband—Wife—Widow

Ruth Gordon

Somerset St. Newark N.J.

Daughter (relationship)

...Deceased

...oyer

June 10th 1934

Sept. 17th 1892

46 (Years) 8 (Months) 3 (Days)

(Date) (Day of Week) (Hour)

...e Deceased

...e State (or U. S. or Country) (Years) (Months)

...167 Livingston St. Newark N.J.

...th. See permit

Causes.

...ysician (or Coroner)

...her. Henry Barnes

...ce N.C.

...e of Mother Florence Griffin

...ce N.C.

...ins to

...e of Casket Wd. End Hinged Top. (State Color)

Grey plush

...ed by

...e N.C. — Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner.

...of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 119 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ 5 50 (State Color) Slippers, $ | 5 | 50 |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and Date of) | | |
| Certif. Copies of Death Certificates No. (from Physician's or Coroner's) | | |
| Pall Bearer Service, $ Use of Chapel, $ | 78 | 00 |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| line Death Notices in Papers | | |
| Flowers, $ (Name of Newspapers) Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | 2 | 00 |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | 2 | 42 |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced R.R. tickets | 24 | 71 |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 228 | 13 |
| Less | | |
| Balance | | |

Entered into Ledger, page or below.

| To Funeral Charges.... Total, $ | | | | | By Cash $ |
|---|---|---|---|---|---|
| Pd June 18/39 | | | | | |

Names of Lodges — Insurance Companies

...horize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...ent of aforesaid sum, and I hereby covenant and agree to pay the same within (Firm Name of Funeral Director) days from date. Interest to accrue from ... the rate of 6% per annum.

Signed

Address

Compiled by F. J. FRIEDMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 46 ........ Date Sept. 1st ..., 19..

Name of Deceased Mr. Willie Harris (Single — Married — Divorced) Negro (What Race) Boydton, Va. (Where Born)

Residence of Deceased 225 Livingston St. Newark N.J. Husband—Wife—Widow— Single

Charge to Mrs. Virgie Harris

Address P.O. Donella, Va.

Order given by Mother (Relationship)

How Secured

Occupation of Deceased Laborer

Name of Employer

Address

Date of Death June 8th 1937

Date of Birth Aug. 6th 1914

Age 22 (Years) 10 (Months) 2 (Days)

Date of Funeral June 11th 1937 4 P.M. (Hour)

Services at Funeral Home

Clergyman

His Address

Religion of the Deceased

Resided in the State

Place of Death N.Y. City

Cause of Death Sel permit

Contributary Causes

Certifying Physician (or Coroner)

His Address

Name of Father Thomas Harris

His Birthplace Va.

Maiden Name of Mother Virgie Harris

Her Birthplace Va.

Motor / Ship } Remains to

Size and Style of Casket Sq. Cut top Silver Grey (Trade Name)

Manufactured by

Interment at Rosedale (Cemetery / Crematory)

Lot No.

Grave No. 590

Section No. 24

Owner

Diagram of Lot or Vault

| Item | Amount |
|---|---|
| Complete Funeral | $ 164 00 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body ... with ... Fluid | |
| Barber, $ ... Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ ... Hose, $ | |
| Suit or Dress, $ ... Slippers, $ | |
| Folding Chairs, $ (State Color) ... Tarpaulin, $ | |
| Candelabrum, $ ... Candles, $ | |
| Door Spray, $ ... Gloves, $ | |
| Funeral Car, $ ... Ambulance, $ | |
| Limousines to Cemetery ... @ $ | |
| Autos to R. R. Station ... @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| ...Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ ... Use of Chapel, $ | |
| Personal Service | |
| Outlay for Lot | |
| Cremation | |
| ... line Death Notices in ... Papers (Names of Newspapers) | |
| Flowers, $ ... Palms, $ ... Matting, $ | |
| Rental of Tent, $ ... of Temporary Vault, $ | |
| Opening of Grave or Tomb | 25 00 |
| Lining Grave, $ ... Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ ... Soloist, $ ... Organist, $ | 3 00 |
| Railroad or Motor } Tickets, $ ... Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 192 00 |
| Less | $ |
| Balance | $ |

Entered into Ledger, page ...... or below.

| To Funeral Charges .... Total, $ | By Cash |
|---|---|
| Paid 6/21/39 J.E.B. | |

Insurance $ ... Names of Lodges ... Insurance Companies Washington National

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ...

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ........ Address

# RECORD OF FUNERAL

Total No. ........ Yearly No. 41 ........ Date Sept. 14th 1934

Name of Deceased Mrs. Lula Hyman (Married—Divorced) ........ Negro (Race) ........ N. C. (Where Born)

Residence of Deceased 167 Livingston St. Newark N. J. ........ Husband—Wife—Widow ........

Charge to Mrs. Ruth Gordon

Address 133 Somerset St. Newark N. J.

Order given by Daughter (Relationship)

How Secured ........

Occupation of Deceased ........

Name of Employer ........

Address ........

Date of Death June 10th 1934 (Hour)

Date of Birth Sept. 17th 1892

Age 46 (Years) 8 (Months) 3 (Days)

Date of Funeral ........ (Date) (Day of Week) (Hour) M.

Services at ........

Clergyman ........

His Address ........

Religion of the Deceased ........

Resided in the State ........ (In U. S. or City or Country) (Years) (Months)

Place of Death 167 Livingston St. Newark N. J.

Cause of Death See Permit

Contributory Causes ........

Certifying Physician ........ (or Coroner)

His Address ........

Name of Father Henry Barnes

His Birthplace N. C.

Maiden Name of Mother Florence Griffin

Her Birthplace N. C.

Remains to ........

Size and Style of Casket Oct. End Ranged Top (State Color)

Steel Grey Plush

Manufactured by ........

Interment at N. C. (Cemetery / Crematory)

Lot No. ........

Grave No. ........

Section No. ........

Owner ........

Diagram of Lot or Vault

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 119 | 00 |
| Casket | | |
| Metallic Lining ........ (State Kind) | | |
| Outside Box ........ (State Kind) | | |
| Burial Vault ........ (State Kind) | | |
| Embalming Body ........ with ........ Fluid | | |
| Barber, $ ........ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ........ Hose, $ | | |
| Suit or Dress, $ 5.00 (State Color) Slippers, $ | 5 | 00 |
| Folding Chairs, $ ........ Tarpaulin, $ | | |
| Candelabrum, $ ........ Candles, $ | | |
| Door Spray, $ ........ Gloves, $ | | |
| Funeral Car, $ ........ Ambulance, $ | | |
| Limousines to Cemetery ........ @ $ | | |
| Autos to R. R. Station ........ @ $ | | |
| Getting Remains from ........ | | |
| Taking Remains to ........ | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to ........ | | |
| Deliver Flowers to ........ | | |
| Removal Charges ........ | | |
| Procuring Burial Permit ........ (State Number and District) | | |
| ........ Certif. Copies of Death Certificates No. ........ (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ........ Use of Chapel, $ | 75 | 00 |
| Personal Service | | |
| Outlay for Lot ........ | | |
| Cremation | | |
| ........ line Death Notices in ........ Papers | | |
| Flowers, $ ........ (Name of Newspapers) Palms, $ ........ Matting, $ | | |
| Rental of Tent, $ ........ of Temporary Vault, $ | | |
| Opening of Grave or Tomb ........ | | |
| Lining Grave, $ ........ Lowering Device, $ | | |
| Outlay for Shipping Charges | 2 | 00 |
| Clergyman, $ ........ Singers, $ ........ Organist, $ | | |
| Railroad or Motor Tickets, $ ........ Aero-plane Service, $ | 2 | 42 |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced R.R. Tickets | 24 | 71 |
| Out of town Undertaker's Charges | | |
| Sales Tax ........ | | |
| Total Footing of Bill ........ | 228 | 13 |
| Less ........ | | |
| Balance ........ | | |
| Entered into Ledger, page ........ or below. | | |

| To Funeral Charges ........ Total, $ | By Cash | $ |
|---|---|---|
| Pd June 18/39 | | |

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ (From Name of Funeral Director) days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Address ........

Witness ........

Compiled by H. S. FEDDEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ............ Yearly No. 45 ............ Date Sept. 14th 1934

Name of Deceased Mrs Maggie Lewis (Single — Married — Divorced) Negro (What Race) N. C. (Where Born)

Residence of Deceased (?) 18th St. E. Orange, N. J. Husband—Wife—Widow— or } Nelson Lewis

Charge to Mrs Reed

Address 27 Lindeeker Rd. W. Orange, N. J.

Order given by Husband (or otherwise)

How Secured

Occupation of Deceased

Name of Employer

Address

Date of Death June 2nd 1934 (Time) (Hour)

Date of Birth

Age 30 (Years) (Months) (Days)

Date of Funeral June 8th 1934 (Date) (Day of Week) (Time)

Services at Rocky Mount, N. C.

Clergyman

His Address

Religion of the Deceased

Resided in the State (years) (months)

Place of Death Orange Memorial Hospital (at U. S. or City or County)

Cause of Death See Permit

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Jacob Bullock

His Birthplace Rocky Mt. N. C.

Maiden Name of Mother Perina Parker

Her Birthplace Rocky Mt. N. C.

Motor / Ship } Remains to N. C.

Size and Style of Casket 1/2 Couch oct. End Orchid Plush (State Color)

Manufactured by

Interment at Rocky Mt. N. C. { Cemetery / Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Owner

| Item | $ | |
|---|---|---|
| Complete Funeral | | |
| Casket | 142 | 00 |
| Metallic Lining | | |
| Outside Box Bier (?) (State Kind) | 5 | 00 |
| Burial Vault (State Kind) | | |
| Embalming Body ...... with ...... Fluid | | |
| Barber, $ ...... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ...... Hose, $ | | |
| Suit or Dress, $ ...... Slippers, $ | | |
| Folding Chairs, $ ...... (State Color) Tarpaulin, $ | | |
| Candelabrum, $ ...... Candles, $ | | |
| Door Spray, $ ...... Gloves, $ | | |
| Funeral Car, $ ...... Ambulance, $ | | |
| Limousines to Cemetery ...... @ $ | | |
| Autos to R. R. Station ...... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| ...Certif. Copies of Death Certificates No. (State Physician or Coroner) | | |
| Pall Bearer Service, $ ...... Use of Chapel, $ | | |
| Personal Service | 75 | 00 |
| Outlay for Lot | | |
| Cremation | | |
| ...line Death Notices in ...... Papers (Names of Newspapers) | | |
| Flowers, $ ...... Palms, $ ...... Matting, $ | | |
| Rental of Tent, $ ...... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ ...... Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ ...... Singers, $ ...... Organist, $ | | |
| Railroad or Motor } Tickets, $ ...... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 222 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page ...... or below. | | |

| To Funeral Charges Total, $ | By Cash $ |
|---|---|
| Paid 6/17/34 (?) | |

Insurance $ ...... Names of Lodges ...... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Witness ...... Address

Compiled by F. F. FEDEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 47 Date Sept. 14th 1937

...sed Milton Lee. (Single—Married—Divorced) Negro (What Race) Ga. (Where Born)

...eceased 203. W. Kinney St. Newark, N.J. (Husband—Wife—Widow...)

...s Lucile Lee.

...3. W. Kinney St. Newark, N.J.

... Wife (or adjustment)

Deceased Laborer

...ge

June. 16th. 1934. (Year) (Hour)

42

... June. 20th (Day of Week) 2. P. M. (Hour)

...t. Pleasant Church.

...ev. A. Thompkins

Deceased Baptist.

State ... (or U. S. of City or County) (Years) (Months)

203. W. Kinney St. Newark

... See Permit.

...Causes

...sician (or Coroner)

...er

...e of Mother

...e

...ms to

...e of Casket Gov. Red. hinged top (State Color)

... Grey

...d by

Fairmount Soldier plat { Cemetery (Crematory)

Lot No. Sol.

Grave No.

Section No. 3 n. 2 — 1/2

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 198 | 00 |
| Casket | | |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ (State Color) Slippers, $ | | |
| Folding Chairs, $ Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. (State Number and Charge) | | |
| Pall Bearer Service, $ (State Physician's or Coroner's) Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| line Death Notices in Papers | | |
| Flowers, $ (Names of Newspapers) Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | 20 | 00 |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aero-plane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 218 | 00 |
| Less Government | 100 | 00 |
| Balance | 118 | 00 |
| Entered into Ledger, page ...... or below. | | |

| To Funeral Charges .... Total, $ | | By Cash 8/13/39 | $ 70 | 00 | |
|---|---|---|---|---|---|
| | | Bal. | 48 | 00 | Bal. |

Names of Lodges ... Insurance Companies ...

...rdes the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...t of aforesaid sum, and I hereby covenant and agree to pay the same within (Pay Name of Funeral Director) days from date. Interest to accrue from ...e rate of 6% per annum.

Signed

Address

Compiled by F. J. PEDERMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 45 ........ Date Sept. 14th

Name of Deceased Mrs. Maggie Lewis (Single — Married — Divorced) Negro (What Race) N. C. (Where Born)

Residence of Deceased 76 So. 16th St. E. Orange, N.J. Husband — Wife — Widow — of Nelson Lewis

Charge to Mrs. Reed

Address 27 Sunderland Rd. W. Orange N.J.

Order given by Husband

How Secured

Occupation of Deceased

Name of Employer

Address

Date of Death June 2nd 1939.

Date of Birth

Age 30

Date of Funeral June 8th, 1939

Services at Rocky Mount, N.C.

Clergyman

His Address

Religion of the Deceased

Resided in the State

Place of Death Orange Memorial Hospital

Cause of Death See Permit

Contributory Causes

Certifying Physician

His Address

Name of Father Jacob Bullock

His Birthplace Rocky Mt. N.C.

Maiden Name of Mother Anna Pinker

Her Birthplace Rocky Mt. N.C.

Motor / Ship } Remains to N.C.

Size and Style of Casket ½ Couch oct. End Orchid Plush

Manufactured by

Interment at Rocky Mt. N.C. Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Complete Funeral $ 142
Casket
Metallic Lining
Outside Box Pine, Provided by Lundberg 5
Burial Vault
Embalming Body ........ with ........ Fluid
Barber, $ ........ Hair Dressing, $
Dressing Body
Underwear, $ ........ Hose, $
Suit or Dress, $ ........ Slippers, $
Folding Chairs, $ ........ Tarpaulin, $
Candelabrum, $ ........ Candles, $
Door Spray, $ ........ Gloves, $
Funeral Car, $ ........ Ambulance, $
Limousines to Cemetery ........ @ $
Autos to R. R. Station ........ @ $
Getting Remains from
Taking Remains to
Trip to Coroner's Inquest
Delivering Box to
Deliver Flowers to
Removal Charges
Procuring Burial Permit
Certif. Copies of Death Certificate No.
Pall Bearer Service, $ ........ Use of Chapel, $
Personal Service 75
Outlay for Lot
Cremation
Use Death Notices in ........ Papers
Flowers, $ ........ Palms, $ ........ Matting, $
Rental of Tent, $ ........ of Temporary Vault, $
Opening of Grave or Tomb
Lining Grave, $ ........ Lowering Device, $
Outlay for Shipping Charges
Clergyman, $ ........ Singers, $ ........ Organist, $
Railroad or Motor Tickets, $ ........ Aeroplane Service, $
Telegr., Phone, Cable or Radio Charges
Cash Advanced
Out of town Undertaker's Charges
Sales Tax

Total Footing of Bill $ 222
Loss $
Balance $
Entered into Ledger, page ........ or below.

To Funeral Charges ........ Total, $ ........ By Cash $

Paid 6/12/39 J. E. C.

Insurance $ ........ Name of Lodges ........ Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ... for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... maturity at the rate of ...% per annum. ... days from date. Interest to accrue ...

Signed

Witness ........ Address

Printed by P. J. FEINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Total No. ........ Yearly No. 47 ........ Date Sept 14th 1939

Name of Deceased Milton Lee (Single—Married—Divorced) Negro (What Race) Ga. (Where Born)

Residence of Deceased 203 W. Kinney St Newark N.J. (Husband—Wife—Widow)

Charge to Mrs Lucile Lee

Address 203 W. Kinney St. Newark N.J.

Order given by wife (or informant)

How Secured

Occupation of Deceased Laborer

Name of Employer

Address

Date of Death June 16th 1939 (Date) (Hour)

Date of Birth

Age 42

Date of Funeral June 20th 2 P. M. (Date) (Day of Week) (Hour)

Services at Mt Pleasant Church

Clergyman Rev A. Thompkins

His Address

Religion of the Deceased Baptist

Resided in the State (Years) (Months)

Place of Death 203 W. Kinney St. Newark (or R.D. or City or County)

Cause of Death See Permit

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

(Rail/Ship) Remains to

Size and Style of Casket Oak, Red, hinged top, Silver Grey (State Color)

Manufactured by

Interment at Fairmount Soldiers plat (Cemetery / Crematory)

Diagram of Lot or Vault

Lot No. Sol

Grave No.

Section No. 3n 2-1/2

Owner

| Item | $ | ¢ |
|---|---|---|
| Complete Funeral | 198 | 00 |
| Casket | | |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ Slippers, $ | | |
| Folding Chairs, $ (State Cost) Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit | | |
| Certif. Copies of Death Certificates No. (State Number and Date) | | |
| Pall Bearer Service, $ (State Physician's or Coroner's) Use of Chapel, $ | | |
| Personal Service | | |
| Outlay for Lot | | |
| Cremation | | |
| Line Death Notices in Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | 20 | 00 |
| Opening of Grave or Tomb | | |
| Lining Grave, $ Lowering Device, $ | | |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 218 | 00 |
| Less Government ck. | 100 | 00 |
| Balance | 118 | 00 |

Entered into Ledger, page ........ or below.

| To Funeral Charges ... Total, $ | By Cash | $ | ¢ |
|---|---|---|---|
| | 8/3/39 | 70 | 00 |
| | Bal | 48 | 00 Bal. |

Insured co $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed

Address

Witness

# RECORD OF FUNERAL

Total No. ........ Yearly No. 50. Date Sept. 14th. 1937

Name of Deceased Mrs. Mamie Shieldmaner (Single — Married — Divorced) Negro. (What Race) N. C. (Where Born)

Residence of Deceased 19 Mercer St. Newark. N. J. Husband—Wife—Widow— Jacob Shieldhaner.

Charge to Mr. Jacob Shieldhaner.

Address 19 Mercer St. Newark. N. J.

Order given by Husband (relationship)

How Secured

Occupation of Deceased Housewife.

Name of Employer

Address

Date of Death June 14th 1937. (Date) (Hour)

Date of Birth Feb. 27 1873

Age 46 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. if Foreign Country) (Years) (Months)

Place of Death 19 Mercer St. Newark. N. J.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Jas. Reid

His Birthplace N. C.

Maiden Name of Mother Nancy Lewis

Her Birthplace N. C.

Make Ship } Remains to N. C.

Size and Style of Casket Oct. Hinged top Steel Grey. (State Color)

Manufactured by

Interment at N. C. { Cemetery Company

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | Amount |
|---|---|
| Complete Funeral | $ 95 00 |
| Casket | |
| Metallic Lining (State Kind) | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | 75 00 |
| Outlay for Lot | |
| Cremation | |
| Ins Death Notices in Papers (Names of Newspapers) | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | $ 170 00 |
| Less | $ |
| Balance | $ |

Entered into Ledger, page or below.

To Funeral Charges , Total, $ By Cash $

Paid 6/26/39 N. C.

Insurance $ Name of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. (Print Name of Funeral Director) Interest to accrue from maturity at the rate of 6% per annum.

Witness Signed

Address

# RECORD OF FUNERAL

Yearly No. 21 — Date Sept. 14th 1939

...a Price Lon Smith (Single—Married—Divorced) — Negro (What Race) — Va. (Where Born)

...1401 5th St. Newark N.J. — Husband—Wife—Widow

...Kate Smith.

...5th St. Newark N.J.

...Wife (at time of death)

...Auto Mechanic.

...June 10th 1939 (Date)

...March 20th 1888

...June 14th (Day of Week) — 2 P.M. (Hour)

...Funeral Home.

...~~[illegible]~~ Rev. Weather

...deceased

...(in U.S. or City or County) (Years) (Months)

...(or Coroner)

Price Smith

Va

Mother Emma

Va

Casket Oct. End Steel Grey (Name Color)

Extra

...oodhill (Cemetery or Crematory)

Lot No.

Grave No. 59

Section No. 11

Owner

| | | |
|---|---|---|
| Complete Funeral | | |
| Casket | 134 | 00 |
| Metallic Lining (State Kind) | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with ... Fluid | | |
| Barber, $ ... Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ ... Hose, $ | | |
| Suit or Dress, $ ... Slippers, $ | | |
| Folding Chairs, $ ... (State Color) Tarpaulin, $ | | |
| Candelabrum, $ ... Candles, $ | | |
| Door Spray, $ ... Gloves, $ | | |
| Funeral Car, $ ... Ambulance, $ | | |
| Limousines to Cemetery ... @ $ | | |
| Autos to R. R. Station ... @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ ... Use of Chapel, $ | | |
| Personal Service | 100 | 00 |
| Outlay for Lot | | |
| Cremation | | |
| ... line Death Notices in ... Papers (Names of Newspapers) | | |
| Flowers, $ ... Palms, $ ... Matting, $ | | |
| Rental of Tent, $ ... of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ 57 Lowering Device, $ | 57 | 00 |
| Outlay for Shipping Charges | | |
| Clergyman, $ ... Singers, $ ... Organist, $ | | |
| Railroad or Motor Tickets, $ ... Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill | 291 | 00 |
| Less | | |
| Balance | | |
| Entered into Ledger, page ... or below. | | |

To Funeral Charges ... Total, $

Pd 6/21/39 J. E. C.

By Cash ... $

Names of Lodges ... Insurance Companies

...the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Director) ...aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from ... of 6% per annum.

Signed

Address

152

# RECORD OF FUNERAL

Total No. ........ Yearly No. 50 ........ Date Sept. 14th 19..

Name of Deceased Mrs Mamie Schildhauer (Single – Married – Divorced) Negro (What Race) N. C. (Where Born)

Residence of Deceased 19 Mercer St. Newark, N.J. Husband–Wife–Widow Jacob Schildhauer

Charge to Mr. Jacob Schildhauer

Address 19 Mercer St. Newark, N.J.

Order given by Husband (Relationship)

How Secured

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death June 19th 1939 (Date) (Hour)

Date of Birth Feb. 27 1893

Age 46 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at

Clergyman

His Address

Religion of the Deceased

Resided in the State (or U. S. if Citizen Country) (Years) (Months)

Place of Death 19 Mercer St. Newark N.J.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Joe Reid

His Birthplace N. C.

Maiden Name of Mother Nancy Lewis

Her Birthplace N. C.

Ship Remains to N. C.

Size and Style of Casket Oct. Hinged top (State Color) steel Grey

Manufactured by

Interment at N. C. (Cemetery / Crematory)

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Plot

| Item | $ |
|---|---|
| Complete Funeral | |
| Casket | 95 |
| Metallic Lining | |
| Outside Box (State Kind) | |
| Burial Vault (State Kind) | |
| Embalming Body (State Kind) with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ (State Color) Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit (State Number and District) | |
| Certif. Copies of Death Certificates No. | |
| Pall Bearer Service, $ (State Physician or Coroner) Use of Chapel, $ | |
| Personal Service #2 | 75 |
| Outlay for Lot | |
| Cremation | |
| line Death Notices in Papers (Names of Newspapers) | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor Tickets, $ Aeroplane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 170 |
| Less | |
| Balance | |

Entered into Ledger, page ...... or below.

| To Funeral Charges Total, $ | By Cash $ |
|---|---|
| paid 6/26/39 H. C. | |

Insurance $ ........ Names of Lodges ........ Insurance Companies ........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue after maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........

Compiled by F. J. FRINEMAN, St. Louis, Mo.

# RECORD OF FUNERAL

Yearly No. 21 Date Sept. 14th 1939

...n Price Lon Smith (Single — Married — Divorced) Negro (What Race) Va. (Where Born)

...e of 1406 5th St Newark N.J. Husband—Wife—Widow—

... Kate Smith

... 5th St Newark N.J.

... Wife (or Informant)

... Deceased Auto Mechanic

...oyer

...th June 10th 1939 (Date)

...th March 20th 1898

48 (Years) (Months) (Days)

Funeral June 14th (Date) (Day of Week) 2 P.M. (Hour)

...at Funeral Home

...man ~~Father Price~~ Rev. Weather...

Address

...tion of the Deceased

...ded in the State (or U. S. or City or County) (Years) (Months)

...ce of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Price Smith

His Birthplace Va

Maiden Name of Mother Emma

Her Birthplace Va

...} Remains to

...and Style of Casket Oct. End Steel Grey (State Color)

... Hol. wt. Extra

Manufactured by

Interment at Rosehill (Cemetery Mausoleum)

Lot No.

Grave No. 54

Section No. 11

Owner

(Diagram of Lot or Vault)

| Item | $ | |
|---|---|---|
| Complete Funeral | | |
| Casket | 134 | 00 |
| Metallic Lining | | |
| Outside Box (State Kind) | | |
| Burial Vault (State Kind) | | |
| Embalming Body with (State Kind) Fluid | | |
| Barber, $ Hair Dressing, $ | | |
| Dressing Body | | |
| Underwear, $ Hose, $ | | |
| Suit or Dress, $ Slippers, $ | | |
| Folding Chairs, $ (State Color) Tarpaulin, $ | | |
| Candelabrum, $ Candles, $ | | |
| Door Spray, $ Gloves, $ | | |
| Funeral Car, $ Ambulance, $ | | |
| Limousines to Cemetery @ $ | | |
| Autos to R. R. Station @ $ | | |
| Getting Remains from | | |
| Taking Remains to | | |
| Trip to Coroner's Inquest | | |
| Delivering Box to | | |
| Deliver Flowers to | | |
| Removal Charges | | |
| Procuring Burial Permit (State Number and District) | | |
| Certif. Copies of Death Certificates No. (State Physician's or Coroner's) | | |
| Pall Bearer Service, $ Use of Chapel, $ | | |
| Personal Service | 1.50 | 00 |
| Outlay for Lot | | |
| Cremation | | |
| Ins Death Notices in Papers (Names of Newspapers) | | |
| Flowers, $ Palms, $ Matting, $ | | |
| Rental of Tent, $ of Temporary Vault, $ | | |
| Opening of Grave or Tomb | | |
| Lining Grave, $ 57 Lowering Device, $ | 57 | 00 |
| Outlay for Shipping Charges | | |
| Clergyman, $ Singers, $ Organist, $ | | |
| Railroad or Motor } Tickets, $ Aeroplane Service, $ | | |
| Telegr., Phone, Cable or Radio Charges | | |
| Cash Advanced | | |
| Out of town Undertaker's Charges | | |
| Sales Tax | | |
| Total Footing of Bill $ | 241 | 00 |
| Less $ | | |
| Balance $ | | |
| Entered into Ledger, page ... or below. | | |

| To Funeral Charges | Total, $ | By Cash | $ |
|---|---|---|---|
| Pd 6/21/39 J. E. C. | | | |

Insurance $ Name of Lodge Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ... (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from ... ...early at the rate of 6% per annum.

Signed

Address

151

# RECORD OF FUNERAL

Total No. ........ Yearly No. 22 Date Sept 19 1939

Name of Deceased Mrs Lillie Williams (Single – Married – Divorced) Negro (Race)

Residence of Deceased 21 Beacon St. Newark N. J. Husband James Williams

Charge to James Williams

Address 21 Beacon St. Newark N. J.

Order given by Husband (or informant)

How Secured

Occupation of Deceased Housewife

Name of Employer

Address

Date of Death June 17th 1939

Date of Birth 1908

Age 31 (Years) (Months) (Days)

Date of Funeral

Services at Albany, Ga.

Clergyman

His Address

Religion of the Deceased

Resided in the State

Place of Death New'k City Hospital

Cause of Death See permit

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size and Style of Casket (State Color)

Manufactured by

Interment at Albany Ga { Cemetery / Crematory

Lot No.

Grave No.

Section No.

Owner

Diagram of Lot or Vault

| Item | $ |
|---|---|
| Complete Funeral | |
| Casket | 150 |
| Metallic Lining | |
| Outside Box Pine Pointed Top Handle & Hdg (State Kind) | 12 00 |
| Burial Vault (State Kind) | |
| Embalming Body with Fluid | |
| Barber, $ Hair Dressing, $ | |
| Dressing Body | |
| Underwear, $ Hose, $ | |
| Suit or Dress, $ Slippers, $ | |
| Folding Chairs, $ Tarpaulin, $ | |
| Candelabrum, $ Candles, $ | |
| Door Spray, $ Gloves, $ | |
| Funeral Car, $ Ambulance, $ | |
| Limousines to Cemetery @ $ | |
| Autos to R. R. Station @ $ | |
| Getting Remains from | |
| Taking Remains to | |
| Trip to Coroner's Inquest | |
| Delivering Box to | |
| Deliver Flowers to | |
| Removal Charges | |
| Procuring Burial Permit | |
| Certif. Copies of Death Certificates No. | |
| Pall Bearer Service, $ Use of Chapel, $ | |
| Personal Service | 75 00 |
| Outlay for Lot | |
| Cremation | |
| Line Death Notices in Papers (Names of Newspapers) | |
| Flowers, $ Palms, $ Matting, $ | |
| Rental of Tent, $ of Temporary Vault, $ | |
| Opening of Grave or Tomb | |
| Lining Grave, $ Lowering Device, $ | |
| Outlay for Shipping Charges | |
| Clergyman, $ Singers, $ Organist, $ | |
| Railroad or Motor } Tickets, $ Aero-plane Service, $ | |
| Telegr., Phone, Cable or Radio Charges | |
| Cash Advanced | |
| Out of town Undertaker's Charges | |
| Sales Tax | |
| Total Footing of Bill | 212 00 |
| Less | |
| Balance | |

Entered into ledger, page ...... or below.

| To Funeral Charges .... Total, $ | By Cash $ |
|---|---|
| pd 39 / 6 20 / J. E. C. | |

Insurance $ ........ Names of Lodges ........ Indiana Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ........ (Firm Name of Funeral Director) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ........ days from date. Interest to accrue from maturity at the rate of 6% per annum.

Signed ........

Witness ........ Address ........